MEDICAL ELIGIBILITY DETERMINATION (MED)

Page 1 of 1

___ Background Information

Asse	ssment Start Date	e: Month Day Year	ŀ	Provider-Assessor	.#
Nam	ne of Person C	oordinating Assessment			Title
Age	ncy/Organizati	on			Phone Number
SEC	CTION A. IDEN	TIFICATION AND BACKGROUND INFORMATION	13.	CURRENT	0. Not eligible
1.	APPLICANT NAME	First: (MI)		OR POTENTIAL PAYMENT SOURCE (Code a	1. Eligible 2. Eligibility pending (application filed) 3. Eligibility anticipated (application not yet filed) 4. Unknown
2.	ADDRESS	StreetCity/TownState ZipPhone ()		response in each box.)	a. Community MaineCare (Routine home health, PDN) b. HCB - Elderly, AD c. HCB - Phys. Dis.
3.	SOCIAL SECURITY NO.				d. NF MaineCare e. Medicare Part A
4.	MAINECARE NO. (if applicable)				f. Medicare Part B $\frac{e}{f}$
5. 6A.	ASSESSMENT TRIGGER	1. Service Need 3. Significant Medical Change 2. Reassessment due 4. Financial Change	14.	LOCATION AT TIME OF ASSESSMENT & USUAL RESIDENCE	1. Hospital 5. Nursing Home 2. Home/apartment 6. Assisted Living Unit 3. Independent Housing 7. Adult Family Care Home 4. Residential Care Facility 8. Adult Foster Home 9. Other
6B.	PROGRAM ASSESSMENT REQUESTED (Choose only one.)	Long Term Care Advisory Adult Day Services Advisory to MaineCare Update Advisory to MaineCare Update B. Advisory to MaineCare Update MaineCare Day Health I,II,IIII20. Continuing Stay Review Consumer Directed PA, II,IIII121. Extraordinary Circumstances to NF Home Based Care Statie Reckett			A. Location at time of assessment B. Usual place of residence
		6. Home Based Care 7. Phys. Dis. HCB 23. NF PDN - Level IV 24. Independent Housing 25. BI - Brain Injury NF 26. MaineCare Home Health 27. PDN Medication - Level VI 28. PDN Venipuncture Only - Level VI 29. Adults w/ Disability HCB 20. Adults w/ Disability HCB 21. Replacement Housing 22. Katie Beckett 23. NF PDN - Level IV 24. Independent Housing 25. BI - Brain Injury NF 26. MaineCare Home Health 27. PDN Medication - Level VI 28. PDN Venipuncture Only - Level VII 29. Consumer Directed HBC 30. Assisted Living 31. Residential Care	15.	USUAL LIVING ARRANGEMENT	Lives with: (Check all that apply.) a. Alone b. With spouse c. With children d. With other residents a e. With parents f. With friend g. With sibling h. Sig. other i. Other i. Other
7.	GENDER	1. Male 2. Female	16.	. NO. IN HOUSEHOLD (Incl. applicant)	Other than in institution/residential care facilities
8.	RACE/ ETHNICITY (Optional)	1-Am Indian/Alaskan 2-Asian 3-Black 4-Hispanic/Latino 5-White 6-Other 7-Hawaiian/Pacific Isl	17.	RESPONSI- BILITY/LEGAL	(Check all that apply.)
9.	BIRTH DATE	Month Day Year		GUARDIAN (For only those items with	a. Legal guardian a d. Family member responsible d e. Applicant
10A	. MARITAL STATUS	1. Never married 3. Widowed 5. Divorced 2. Married 4. Separated		supporting documentation)	c. Durable power attorney/ health care proxy
1 O B	. CITIZENSHIP	1. U.S. Citizen 2. Legal alien 3. Other			g. Ohknown
11.	PRIMARY LANGUAGE	0. English 2. Spanish 4. to 87 See instructions 1. French 3. OtherInterpreter Req	18.	ADVANCED DIRECTIVES (For only those	(Check all that apply.) a. Living will a f. Feeding restrictions f
12.	CURRENT INCOME SOURCE FOR APPLICANT & HOUSEHOLD	(Check all that apply.)App. Hshld.a/b. Social Securityabg/h. SSIghc/d. Private Pensioncdi/j. Otherije/f. VA Benefitsef>\$2000.00kI		items with supporting documentation)	b. Do not resuscitate c. Do not hospitalize d. Organ donation e. Autopsy request e. Autopsy request
Α. Ι	CONTACTS Name Address				
	•	Legal Guardian Yes No			Legal Guardian Yes No
	REFERRING PHYSI			Iress	AN
Te	·		Tele		

Age	ncy Name:			Ар	plicant Name <u>:</u>		
Prov	vider-Assessor #			So	cial Security #		
				As	sessment Date		
ar	the following code esponse).	PROFESSIONAL NURSING SERVICES s for section A.1-A.10 (every block should be contact is or otherwise would be performed by or under the	led with	10.	UNCONTROLLED SEIZURE DISORDER	Direct assistance from others is needed for safe management of an uncontrolled seizure disorder.	
sup 0. 0 1. 2 3. 3 4. 5 6. 7	oervision of a registe Condition/treatmen 1-2 days a week 3-4 days a week 5-6 days a week 7 days a week Once a month	red professional nurse: t not present in the last 7 days. 8 hours/7 days a week (used for Ext. PDN-Level V		11A	THERAPY- THERAPIES PROVIDED BY A QUALIFIED THERAPIST.	a. Physical therapy b. Speech/language therapy c. Occupational therapy 1. Total days PT, ST (w/ rehab only), & OT:	d. Enter
1.	INJECTIONS/ IV FEEDING	Injections/IV feeding for an unstable a. Intraarterial injection daily insulin for a person whose diabetes is under	a b c	11.B	REHAB POTENTIAL	2. Total days all therapies (PT, ST, OT & Resp): (Indicate if rehab potential has been documented for PT, ST, or OT.) 0-NO 1-YES 2-N/A	
		control): e.Intravenousfeeding (Parenteral or IV feeding.)	е	12.	THERAPY	Is therapy required at least once a month for any of the following: physical, speech/language, or occupational therapy?	
2.	FEEDING TUBE	Feeding tube for a new/ recent (within 30 days) or an unstable condition: Insertion date: C.Jejunostomytube	b c	13.	ASSESSMENT/ MANAGEMENT	Professional nursing assessment, observation and management of a medical condition once a month.	
3.	SUCTIONING/ TRACH CARE	a. Nasopharyngeal suctioning b. Tracheostomy care for a new/recent (within 30 days) or an unstable condition Start date:	a			Specify condition and code for applicant's need. Please specify 0-NO 1-Once a month 7-Twice a month	
			-		SECTION B.	SPECIAL TREATMENTS AND THERAPIES	
4.	TREATMENT/ DRESSINGS	Treatment and/or application of dressings for one of following conditions for which the physician has pri irrigation, application of medications, or sterile dres and which requires the skills of an RN: a. Stage 3 or 4 decubitus ulcers b. Opensurgical site c. 2ndor 3rd degree burns d. Stasis ulcer e. Open lesions other than stasis/pressure ulcers or cuts (including but not limited to fistulas, tube sites and tumor erosions) f. Other	escribed	1.	TREATMENTS- CHRONIC CONDITIONS	Code for number of days care would be performed or under the supervision of a registered nurse. 0. Not required 1. 1-2 days/week 2. 3 or more days/week 3. Once a month 7. Twice a month Professional nursing care and monitoring for administration of treatments, procedures, or dressing changes which involve prescription medications, for post-operative or chronic conditions according to physician orders. a. Medications via tube b. Tracheostomy care-chronic stable	a. b.
5.	OXYGEN	Administration of oxygen on a regular and continuing basis when recipient's condition warrants professional observation for a new/recent (within 30 days) condition. Start date:				c. Urinary catheter change d. Urinary catheter irrigation e. Veni puncture by RN	c. d. e. f.
6.	ASSESSMENT/ MANAGEMENT	Professional nursing assessment, observation and management required for <u>unstable</u> medical conditions observation must be needed at least once every specify condition and code for applicant's need. Please specify	tions.			f. Monthlyinjections g. Barrier dressings for Stage 1 or 2 ulcers h. Chest PT by RN i. O ₂ therapy by RN for chronic unstable condition j. Other k. Teach/train	g. h. i.
7.	CATHETER	Insertion and maintenance of a urethral or suprapubic catheter as an adjunct to the active treatment of a disease or medical condition.		2.	TREATMENTS/ PROCEDURES	Code for number of days professional nursing is requir 0. Not required 1. 1-2 days/week 2. 3 or more days/week	ed.
8.	COMATOSE	Professional care is needed to manage a comatose condition.				3. Once a month 7. Twice a month	
						a. Chemotherapy	a.
9.	VENTILATOR/	Care is needed to manage ventilator/				b. Radiation Therapy	<u>b</u>
	RESPIRATOR	respirator equipment.				c. Hemodialysis d. Peritoneal Dialysis	C

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Age	ncy Name:														Аp	plicant N	lame <u>:</u>															
Prov	vider-Assessor #				T]-[So	cial Secu	rity #			-	-			_	-							
															As	sessmen	t Date						-[_			
		SE	CTIO	N C.	CO	GNI	TIC	ON						ı	SEC	CTION E	. PHY	SICA	\L F	1 U	۱C.	ΓIC	۸C	IIN	IG	/ST	Rl	JCT	UR	AL P	ROBI	LEMS
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			fter 5 n			y 3C	cem	3/ up	pcars	3 (0 1	ccan	L			(0. INDEPE only 1									_	OR ·	— H	Help,	/ove	ersigh	t prov	ided
			ong-te ong pas		mor	y — se	ems	/app	ears	to re	call					1. SUPER\ during	ISION last 7	— Ove	ersig – OR	ht,	en Su	cou per	ıra rvi:	ger sior	n p	lus r	non	ıweig	ght-k	bearii		
2.	MEMORY/ RECALL ABILITY		ck all i ng last								II				2	assista 2. LIMITEI physica bearing	O ASSIS	TANC in gui	E — ded	Pe ma	rso nei	n h	igl rin	hly ig o	inv of I	volve imbs	ed i s, oi	n act r oth	tivity ier n	y; rec	ight-	
								a	. Cui	rrent	seaso	on a				describ																7
							b. l	ocat	ion o	of ov	n roo	m b				days. 3. EXTENS	SIVF AS	SISTA	NCF	_	Wh	ile	ne	rso	n ·	nerfo	orm	ied r	art	of ac	ivitv	over
									c. 1	Name	es/fac	es c				last 7-c	lay per	iod, h	elp c	of f												
								d.	Whe	ere h	e/she	is _d				— Weig — Full		-			orm	nan	C A	du	rir	n na	art (hut	not	all) o	Flact 7	7
				•	e. N	one of	f the	e abo	ove w	vere	recalle	ed e				days.		-								•						
3.	COGNITIVE	Mad	le deci	sions	regi	ardin	ıg ta	sks	of da	aily l	ife.				4	4. TOTAL during				Ful	l st	aff,	/ca	arec	giv	er pe	erfo	rma	nce	of ac	tivity	
	SKILLS FOR DAILY DECISION -	1.M si	depen odified uation	l indep is only	oend ⁄	dence	e —s	ome	diffi	icult	/ in ne				!	5. CUEING signal t used w	G — Sp to do a	oken n acti	instr vity a	are	rec	niup	rec	d 7	da	ys a	we	ek. C	Cueii	ng is	typica	
	MAKING		oderat pervis				deci	sion	s po	or; c	ues/	L				8. ACTIVI							_				•					
		3.5€	verely	impai	red-	-neve	er/r	arely	/ ma	de d	ecisio	ns				<mark>ADL SUPF</mark> EACH 24																'ER
4A															1	is in hosp	ital); co	ode re	gard	lles	s o	f pe	ers	on'								ion.)
	required at least 3	3 day	/week	to ma	ana	ge all	the	abo	ve co	ogni	tive	Г				0. No set 1. Setup			ai ne	тр	rroi	n s	tai	П							_1_	2
	patterns			0) - N	0			1 - 1	YES		L				2. One-pe 3. Two+ p															SELF- PERFORMANCE	
	If 4A = 1 (YES), pr											_				5. CUEIN	G-Cuei	ng su	port	t re	qui	irec					eek				DRM/	SUPPORT
	cognitive impairm of the MaineCare														8	8. Activity	did n	ot occ	ur dı	urir	ng e	enti	ire	7 c	lay	/S.					SELF- PERF	SUPP
_	Section C.4B of th														a.	BED MOBILITY		perso to sic												urns		
5.	Is professional nu required once a m			nage a		ne abo		cogr		e pat					b. T	RANSFER	bed	perso chair omba	, whe	eelo	hai	ir, s	tai	ndir								
	SE/	2716	N D	DDO	ы	ENA D	DEI	LAV	100	,					c. LOC	COMOTION	How	perso	on m	ove	es b	etw	vee	en lo	oc:	ation	ıs ir	ı his,	/her			
1.	Column A Codes: Co. Behavior not ex	ode fo	d in la	requer st 7 da	n <i>cy (</i> ays	of beh	havid	or in	last	7 da	iys	Α	В				self-	m and suffic	iency	or or	ice	in c	ha	air								
	 Behavior of this Behavior of this Behavior of this 	type	occurr	ed 4 -	6 0						ly					DRESSING	stree	perso et clot	ning,	inc	lud	ing	do	nni	ing	/rem	ovii	ng pr	rosth	nesis		
	Column B Codes: A		,	•	avio	ral sy	утр	toms	s			FREQUENCY	ALTERABILITY			EATING	_	perso	וזכ ea	ıt5	and	ar	ınk	(5 (1	i eç	jardi	ess —	OT S	KIII)		1	
	Not present or 6 Behavior not ea WANDERING (mg	sily a	tered		ıal p	urpos	se, s	eemi	ngly	obli	vious	FREQ	ALTEI		f.TO	OILET USE	bed	perso pan, u nges p nes	rinal); tı	ans	sfer	rs (on/o	off	toile	et, c	lean	ses,			
	to needs or safe b. VERBALLY ABUSI	-	hers w	ere thi	reat	ened.	scre	eame	d at	, cur	sed					PERSONAL	How	perso	on ma	ain	tain	s p	ers	son	al	hygie	ene	, incl	udir	ng		
	at) c. PHYSICALLY ABU abused)															HYGIENE	com mak	bing h eup, v LUDE	nair, l vashi	bru ing	shi /dr	ng t ying	tee g fa	eth, ace,	sh , h	avin	g, a	pply	ing			
	d. SOCIALLY INAPP										ptive				3. \	WALKING	a. ⊦	ow pe	rson	W	alks	fo	r e	xer	cis	e on	ly					
	sounds, noisy, s disrobing in pub																b. F	ow pe	rson	wa	alks	ar	ou	nd	ow	n ro	om					
	rummaged throu e. RESISTS CARE (re	-		-	-		inioc	tions		NI.							c. F	ow pe	erson	Wa	alks	wi	thi	in h	ion	ne						
	assistance or ea		ı takııı	g illeu	icati	0113/11	njec	tions	s, AD	/L							d. F	ow pe	rson	Wa	alks	ou	ıtsi	ide								
2A.	Is professional n management red behavior probler	quire	at le	ast 3		/s/we		to m		ige t	he			-	4.	BATHING	and bac per	trans k and forma	fers hair ince	in,). an	/ou (Ca	t o de	f t fo	ub/	/sł nos	nowe	er (E eper	EXCL nden	UDE it in	E was	bath, hing o	of
	If 2A = 1 (YES), pro																	ear b		-	NI~	ha!	ın -	nra.	v: ~	مط						_
	behavioral impairm the MaineCare Bene											of					1. S	ndepe uperv	ision	<u></u> —с	Ove	rsig	jht	hel	lp (only						2
	Section D.2B of the								-5.1	,,,,,,,	•							hysica hysica										tv			MANC	_
3.												!-					4. T	otal d	epen	de	nce					_				wool.	SELF- PERFORMANCE	SUPPORT
	ment required or problems?	ice d	ποητ	ii to n	ıarı	aye (.ne i	au0\	ve D	ena\	101	Г						CUEING												week	IS E	lus l

0 -NO

1 - YES

	CLINICAL D	ETAIL	Page 2A of 5
Agency Name:	Socia	licant Name: al Security #	
SECTION C.4B. COGNITION		SECTION D.2B. BEHA	
Enter the code that most accurately describes the person's cognition for the last 7 days.	pers	er the code that most accurately son's behavior for the last 7 day.	
1. MEMORY FOR EVENTS:		LEEP PATTERNS: Unchanged from "normal" for the consumer.	
 Can recall details and sequences of recent experiences and remember names of meaningful acquaintances. 	1	Sleeps noticeably more or less than "normal." Restless, nightmares, disturbed sleep, increase	ed awakenings.
 Cannot recall details or sequences of recent events or remember names of meaningful acquaintances. Cannot recall entire events (e.g. recent outings, visits of relatives or friends) or names of close friends or relatives without prompting. Cannot recall entire events or name of spouse or other living partner even with prompting. 	2. W/ 0 1 2	Up wandering for all or most of the night, inabi ANDERING: Does not wander. Does not wander. Is chair bound or bed bound. Wanders within the facility or residence and ma outside, but does not jeopardize health and sa Wanders within the facility or residence. May we wander to the night in the facility or residence.	ay wander fety. wander outside,
2. MEMORY AND USE OF INFORMATION:		health and safety may be jeopardized. Does no getting lost and is not combative about returning Wanders outside and leaves grounds. Has a c	g
Does not have difficulty remembering and using information. Does not require directions or reminding from others.	4	history of leaving grounds, getting lost or being about returning. Requires a treatment plan that use of psychotropic drugs for management ar	g combative may include the
 Has minimal difficulty remembering and using information. Requires direction and reminding from others one to three times per day. Can follow simple written instructions. Has difficulty remembering and using information. Requires direction and reminding from others four or more times per day. Cannot follow written 	0	EHAVIORAL DEMANDS ON OTHERS: Attitudes, habits and emotional states do not lindividual's type of living arrangement and cornection Attitudes, habits and emotional states limit the type of living arrangement and companions. Attitudes, disturbances and emotional states of	mpanions. individual's
instructions. 4 Cannot remember or use information. Requires continual verbal reminding.		consistent difficulties that are modifiable to malevels. The consumer's behavior can be change the desired outcome through respite, in-home existing facility staffing.	ed to reach
 3. GLOBAL CONFUSION: 0 Appropriately responsive to environment. 1 Nocturnal confusion on awakening. 2 Periodic confusion during daytime. 3 Nearly always confused. 		Attitudes, disturbances and emotional states c difficulties that are not modifiable to manageabl consumer's behavior cannot be changed to reac outcome through respite, in-home services, or staffing even given training for the caregiver. ANGER TO SELF AND OTHERS:	le levels. The ch the desired
4. SPATIAL ORIENTATION:		Is not disruptive or aggressive, and is not dang Is not capable of harming self or others because	•
 O Oriented, able to find and keep his/her bearings. Spatial confusion when driving or riding in local community. Gets lost when walking neighborhood. 	2	limitations (is bed bound or chair bound). Is sometimes (1 to 3 times in the last 7 days) aggressive, either physically or verbally, or is extremely agitated or anxious, even after prop and treatment.	sometimes
3 Gets lost in own home or present environment. 5. VERBAL COMMUNICATION:	3	Is frequently (4 or more times during the last or aggressive, or is frequently extremely agitat and professional judgment is required to determ administer prescribed medication.	ted or anxious;
O Speaks normally. Minor difficulty with speech or word-finding difficulties.	5	Is dangerous or physically abusive, and even versulation and treatment may require physician appropriate intervention.	
2 Able to carry out only simple conversations.3 Unable to speak coherently or make needs known.		WARENESS OF NEEDS/JUDGMENT: Understands those needs that must be met to Sometimes (1 to 3 times in the last 7 days) h	
C.4BTOTALCOGNITIVESCORE		understanding those needs that must be met be when given direction or explanation.	ut will cooperate
		Frequently (4 or more times during the last 7 understanding those needs that must be met by when given direction or explanation. Does not understand those needs that must be and will not cooperate even though given directi	ut will cooperate met for self care
		D.2BTOTALBEHAVIO	
Return to Section C5 on page 2.		Return to Section D3 on pa	age 2.

Agency Name:		A	pplicant Name <u>:</u>							
Provider-Assessor #		S	ocial Security #		-					
		А	ssessment Date:		1 -			ヿ゙ヿ		
	SECT	ION F. MEDICAT	TONS LIST							
List all medications given during the last 7 da 1. List the medication name and the dosage 2. RA (Route of Administration). Use the approp 1 = by mouth (PO) 2 = sublingual (SL) 4 = intrav	ys. Include medicat oriate code from the fo uscular (IM)	ions used regularly	less than weekly as p	7 = to	pers		atment	-	eral tul	be
3. FREQ (Frequency): Use the appropriate freq PR = (PRN) as necessary 1H = (qh) every hour 2H = (q2h) every two hours 3H = (q3h) every three hours 4H = (q4h) every four hours 4PRN-n (prn — number of doses): If the given. Do not use this column for schect 5. DRUG CODE: Enter the National Drug C codes listed in the manual Appendix E. I	uency code to show to six hours 3D yeight hours 4D once daily 5D imes daily 1W every 12 hours) 2W frequency code is fulled medications. Dode (NDC). The last fusing this Appence	the number of times = (TID) three times of = (QID) four times da = five times a day = (QWeek) once every e twice every week PR", record the nun two digits of the lix, the NDC should	Jaily 3W = three ily QO = every 4W = four t week 5W = five t 6W = six tin hber of times during	e times e other da imes ever imes every the pas package ified (th	every w y ry week y week st 7 da e size e first	eek 11 m 21 C O ays that and hav	M = (QI nonth M = twice = contine = other each I re beer	r PRN me n omitte	once ev month edication	on was n the
entered in the space farthest to the left 1. Medication Name and Dosage	2. RA	3. Freq	4. PRN-n	vo space	es bein		OC Co	des		
EXAMPLE: Coumadin 2.5 mg Digoxin 0.125 mg Humulin R 25 Units	1 1 5	1 W 1 D 1 D			1	0.142	1		1 1	
Robitussin 15cc	l l	PR	2	1 1	<u> </u>	<u> </u>			<u> </u>	
				1 1	i		İ	<u> </u>	İ	<u> </u>
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									1 1	
SECTION G. MEDICATIO	N	<u> </u>	SECTIO	N H. DI	AGNO	SES				
1a. PREPARATION/ADMINISTRATION Did person prepare and administer his/he tions in the last 7 days?	er own medica-	status, mood and binactive diagnoses.	only those diagnoses to behavior status, medical If none apply, CHECK	treatmen	its, nurs	se monito	oring, or Æ	r risk of		
O. Person prepared and administered ALL of his/her of 1. Person prepared and administered SOME of his/h 2. Person prepared and administered NONE of his/h 3. Person had no medications in the last 7 days. 4. Person did not prepare but did self-administer all 5. Facility prepares and administers medications. 6. Person requires administration of medications due and disabling mental illness.	er own medications. er own medications. medications.	ENDOCRINE/META NUTRITIONAL a. Diabetes mell b. Hyperthyroidis c. Hypothyroidis HEART/CIRCULAT d. Arterioscleroti disease (ASHE e. Cardiac dysrh	q. Alz itus r. Apl sm s. Cer m t. Cer liON u. Der c heart v. Her ity Mu	heimer's o	y lar accide ner than disease nemipar	ent (stroke	kk II. mr OTHE nn oo	Catarao . Diabeti Glauco n. Macul	ic retino ma ar dege es (speci a	neration
b. COMPLIANCE Person's level of compliance with medications por by a physician/psychiatrist in the last 7 days: 0. Person always compliant 1. Person compliant some of the time (80% of time or compliant with some medications 2. Person rarely or never compliant 3. Person had no medications during last 7 days 4. Person requires monitoring of medications due and disabling mental illness. c. SELF-ADMINISTRATION Did person self-administer any of the following treatments in the last 7 days? a. Insulin e. Glucoscan	to severe	f. Congestive he g. Deep vein thr. h. Hypertension i. Hypotension j. Peripheral vas k. Other cardiova MUSCULOSKELETAI I. Arthritis m. Hip fracture n. Missing limb (e o. Osteoporosis p. Pathological b	art failure	ARY hma physema/	der hemic a ain injur DD rder ssive (bij a	γ	qqq rr. ss. tt.	Renal f Tuberc HIV Mental Down's or othe related tion or disabili Substai (alcoho Other I (e.g., p	ailure ulosis-T retarda s syndro r organ to men develop ty (MR/I nce abu ol or dru psychiat aranoia, ality dis t termin	tion (e.g., ome, autism ic condition tital retarda-pmental DD) isse g) rric diagnos , phobias, order) ial prognosi
b. Oxygen f. Over-the-counter Meconstruction f. Over-the-counter Meconstruction f. Over-the-counter Meconstruction f. None of Above 2. DAILY ASSIST W/ PRESCRIPTION MED Needs daily assistance with routine scheduled prescription f. Assistance once a day	s	a. b. c.			-					
2. Assistance twice or more per day										

Age	ncy Name:		_ A	pplicant Nar	me <u>:</u>
Prov	/ider-Assesso	r #	S	ocial Security	v #
			Α	ssessment D	Date
	CECTIO	N. L. COMMUNICATION (HEADING DATTERNS		SE <i>C</i>	CTION L. CONTINENCE IN LAST 14 DAYS
,		N I. COMMUNICATION/HEARING PATTERNS	1	BLADDER	CTION L. CONTINENCE IN LAST 14 DAYS Control of urinary bladder function (if dribbles, volume insufficien
1.	HEARING (Choose only	(With hearing appliance, if used)	'-	CONTINENCE	to soak through underpants) with appliances if used (e.g., pads or
l	one.)	0. HEARS ADEQUATELY—normal talk, TV, phone		(Choose only	
l		1. MINIMAL DIFFICULTY when not in quiet setting		one.)	0. CONTINENT—Complete control
l		2. HEARS IN SPECIAL SITUATIONS ONLY—speaker has to adjust tonal quality and speak distinctly			1. USUALLY CONTINENT — Incontinent episodes once a
l		3. HIGHLY IMPAIRED—absence of useful hearing			week or less
-	COMMUNICA-	(Check all that apply during last 7 days.)			2. OCCASIONALLY INCONTINENT— 2 or more times a week but not daily
-	TION DEVICES/	a. Hearing aid, present and used			3. FREQUENTLY INCONTINENT— tended to be
l	TECHNIQUES	b. Hearing aid, present and not used regularly			incontinent daily, but some control present
l		c. Other receptive communication techniques used			4. INCONTINENT—Bladder incontinent all (or almost all)
l		(e.g., lip reading)			of the time
l		d. NONE OF ABOVE	2.	BOWEL	In <u>last 14 days</u> , control of bowel movement (with
3.	MAKING SELF	(Expressing information content—however able)		(Choose only	appliance or bowel continence programs if employed) 0. CONTINENT—Complete control
l	UNDER- STOOD	0. UNDERSTOOD		one.)	1. USUALLY CONTINENT — Bowel incontinent episodes
l	31000	USUALLY UNDERSTOOD—difficulty finding words			less than weekly
l	(Choose only	or finishing thoughts			2. OCCASIONALLY INCONTINENT— Bowel
l	one.)	2. SOMETIMES UNDERSTOOD—ability is limited to			incontinent episode once a week
l		making concrete requests 3. RARELY/NEVER UNDERSTOOD			3. FREQUENTLY INCONTINENT— Bowel incontinent
4.	ABILITY TO	(Understanding information content—however able)			episodes 2-3 times a week
4.	UNDER-				4. INCONTINENT—Bowel incontinent all (or almost all) of the time
l	STAND OTHERS	0. UNDERSTANDS	3.	APPLIANCES/	a. External (condom) catheter
l	(Choose only	1. USUALLY UNDERSTANDS—may miss some part/intent of message		PROGRAMS	b. Indwelling catheter
l	one.)	2. SOMETIMES UNDERSTANDS—responds		(Check all that apply.)	c. Pads/briefs used
l		adequately to simple, direct communication			d. Ostomy present
L		3. RARELY/NEVER UNDERSTANDS			e. Scheduled toileting/other program
		SECTION J. VISION PATTERNS			f. NONE OF ABOVE
1.	VISION	(Ability to see in adequate light and with glasses if used)			SECTION M. BALANCE
``	(Choose only	ADEQUATE—sees fine detail, including regular	1.	ACCIDENTS	a. Fell in past c. Hip fracture in last 180 day
	one.)	print in newspapers/books		(Check all that apply)	30 days d. Other fracture in last
		1. IMPAIRED—sees large print, but not regular print		(пас арргу)	□ b. Fell in past 180 days 31-180 days □ e NONF OF AROVE
		in newspapers/books			e. NONE OF ABOVE
		MODERATELY IMPAIRED—limited vision; not able to see newspaper headlines, but can identify objects	2.	DANGER OF FALL	a. Has unsteady gait
		3. HIGHLY IMPAIRED—object identification in question, but		(Check all	b. Has balance problems when standing
		eyes appear to follow objects		that apply)	c. Limits activities because person or family fearful
		SEVERELY IMPAIRED—no vision or sees only light, colors, or shapes; eyes do not appear to follow objects			of person falling d. NONE OF ABOVE
		colors, or shapes, eyes as not appear to follow objects			
2.	VISUAL	a. Glasses, contact lenses 0 - NO 1 - YES			SECTION N. ORAL/DENTAL STATUS
	APPLIANCES	b. Artificial eye 0 - NO 1 - YES	1.	ORAL STATUS	a. Has dentures or removable bridge
		SECTION K NUTRITIONAL STATUS		AND	b. Some/all natural teeth lost—does not have or does not use dentures (or partial plates)
		SECTION K. NUTRITIONAL STATUS		DISEASE PREVENTION	c. Broken, loose, or carious teeth
1.	WEIGHT	Record weight in pounds. Base weight on most recent measure in last 30 days; measure weight		(Check all	d. Inflamed gums (gingiva); swollen or bleeding
	(Optional if info is not	consistently in accord with standard practice		that apply)	gums; oral abscesses; ulcers or rashes
	available.)	(e.g., in a.m. after voiding, before meal, with shoes off, and in nightclothes)			e. NONE OF ABOVE
2.	WEICHT	0. No weight change			SECTION O. SKIN CONDITIONS
4.	WEIGHT CHANGE	1. Unintended weight gain—5 % or more in last 30	1.	SKIN	Any troubling skin conditions or changes in the last 180 days?
	(Optional if	days; or 10 % or more in last 180 days		PROBLEMS	a. Abrasions (scrapes) d. Rashes, itchiness, body
	info is not available.)	2. Unintended weight loss—5 % or more in last		(Check all that apply)	or cuts lice, scabies
		30 days; or 10 % or more in last 180 days		(include apply)	b. Burns e. Open sores or lesions f. NONE OF ABOVE
3.	NUTRITIONAL	a. Chewing or swallowing f. Mechanically altered			c. Bruises f. NONE OF ABOVE
	PROBLEMS	problem (or pureed) diet	2.	PRESSURE	Presence of an ulcer anywhere on the body? This would include
	OR APPROACHES	b. Complains about the g. Noncompliance with	2.	ULCERS	an area of persistent skin redness (Stage 1), partial loss of skin
1	(Check all that	taste of many foods diet c. Regular or repetitive h Food Allergies			layers (Stage 2), deep craters in the skin (Stage 3), and
	apply)	c. Regular or repetitive h. Food Allergies complaints of hunger (specify)			breaks in the skin exposing muscle or bone (Stage 4).
		d. Leaves 25% or more of i. Restrictions	L		0 - NO 1 - YES
		food uneaten at most (specify)	3.	FOOT PROBLEMS	a. Person or someone else inspects person's feet on a
		ineals j. NONE OF ABOVE e. Therapeutic diet		INCOLLING	regular basis? 0 - NO 1 - YES
Щ					b. One or more foot problems or infections such as
					corns, calluses, bunions, hammer toes, overlapping
					toes, pain, structural problems, gangrene toe, foot
			1		fungus, onychomycosis?

1 - YES

0 - NO

Age	ncy Name:_											Α	pplicant Nam	1e <u>:</u>							_		
Pro	vider-Assesso	or#										So	ocial Security	#		-							
												Α	ssessment Da	ate:			<u> </u>	- 1			_		
	SECTION F	. INS	TRUM	ENT/	AL AC	TIVIT	IES OI	F DA	ILY LIV	/ING			SECT	TION (D. FN	IVIR	ONI	/FNT	AI AS	SESS	SME	NT	
	IADL SELF-P	ERFO	RMANC	E COD	ES:							1.	If person res	sides ir	ı a fac	ility	such	as a N					
	1. INDEPEN	NDEN	T WITH	DIFFI	CULTY:	: Perso	n perfo	ormed			so	2.	HOME 6	a. Light wirin		cludii	ng ad	equacy	of ligh	ting, e	xpo	sed	a.
	with diffice 2. ASSISTA (including	NCE/	DONE V	VITH H	HELP: F	Person	involve	ed in a						b. Floor	ing an			g (<i>e.g.,</i> lks, sca			r, eld	ectric	b.
	provided 3. DEPEND					.u, o. p.	., 0.00.			.μ,			the following	c. Bathr	oom a	nd to	iletro	,	/ironm	ent (e.			
	Full perfo									was			environment hazardous or		ed, sli	ppery	/ bath	tub, ou	ıtside t	oilet)			C.
,	8. Activity of IADL SUPPO												uninhabitable.	inope	erative	refri	gerat	or, infe	station	by ra	its or	-	d.
	No support Supervision	ort pro	ovided.	ovidad					1	2			check NONE OF ABOVE.					in a ho				too cold natic)	e.
	 Set-up he Physical 	elp or assis	ily. tance w	as pro	vided.			4 -11	SELF. PERFORMANCE	r:			If temporarily in institution, base	prob		goin	g to	fear o mailbo t					f.
	 Total dep when the Activity of 	activ	ity was	perfo		not invo	oived at	all	ELF.	SUPPORT			home visit)	g. Acce: h. NON			_	difficu	lty ente	:ring/l	eavi	ng home	g. h.
1.	DAILY		Meal Pre		n: Prep	pared b	reakfas	st and	NA	S		3.		Becaus person								onth, ollowing	:
	INSTRU- MENTAL		ght mea //ain Mea		aration:	:					-		Check all that apply.		ome h			·		_		ed medio	
	ACTIVITIES Code for	_ ا	repared Meals					rwook					,	=	dequa				=	e. hom		re. F ABOVE	
	level of independence		elephone				mes per necessa				_			C. n				an care		. NOI	NE O	F ABOVE	-
	based on person's		ble to co				• •		_		-	1.	INDICATORS	Code				R. MC last 30		irresi	pecti	ve of	
	involvement in the activity	a	ight Hous s dishes	s, dust									OF DEPRESSION,	the as	sume	d cau	se.		, -			,	
	in the last 7 days	C	wn bed.									ľ	ANXIETY,		icator	of thi	is typ	e exhib				a week	
2.	OTHER INSTRU- MENTAL	f	Managino inances, checkboo	includ	ding bar	nking, h		9				./51	SAD MOOD	(6,	7 days							ost daily mplaints	1
	ACTIVITIES	b. F	Routine H	Housew	vork: Di	d routin	e house	ework				DIS	RBAL EXPRES TRESS						e.g., pe	rsister	ntly s		h.
	OF DAILY LIVING		uch as emoval,									S	Person made n statements-e.g	J., "Noth	ing	а.		со	ncern v	vith bo	ody f	unctions	
	Code for level of indepen-		Grocery (ing as	;			c	natters; Would lead; What's th	ne use;				со		ts/con	ncern	ıs (non-	i.
	dence based on person's		aundry:				- /						Regrets having ong; Let me di		0			ре		tly see	eks at	ttention/	/
	involvement in the activity		ndicate: Did laund		in home		out of h						Repetitive ques Where do I go			b.		scl		s, mea	Ís, la	undry,	
	in the last 14 days		excludin				,	,				C	do?" Repetitive verb					4	-			p issues	
3.	TRANSPOR-	a.	Person o	drove s	elf or u	sed put	olic tran	ısporta	ation inde	l epen-	-	e	e.g., calling out	t for hel		c.		j. Un	P-CYC pleasa orning				j.
	TATION Check all		dently to					intme	nts, nece	ssary		d. F	Persistent ange	er with s	elf			k. Ins	omnia	•	ge in	usual	
	that apply for level of	□ b.	Person i	needed	arrang	ement f	for trans		ition to m		l,	a	or others-e.g., annoyed; ange	r at plac		d.		ď	ep pat		-c-		k.
	independence based on		activitie	S.				•					ment in nursing anger at care re					I. Sa		ed, wo	rriec	d facial urrowed	
	person's involvement		ments, i	necessa	ary enga	agemen	its, or o	ther a	dental ap _l ctivities.			r	Self-deprecatio nothing; I am o			е.		bre	ows			arroweu	1.
	in the activity in the last 30	∐d.	Person necessa						appointm es.	nents,			anyone." Expressions of	what a	nnaar				ying, te petitive				m.
	days.		Activity									t	o be unrealisti e.g., fear of bei	ic fears-		f.		mo	vemer	its—e.	.g., p	acing, essness,	n.
4.	PRIMARY MODES OF		e for th oors and							ors	Outdoors	a	abandoned, lef	t alone,				fid	geting	, pickir	ng	,	
	LOCOMO- TION	0. N	o assisti	ve devi	ce		eelchair ivity do		occur	Indoors	outd	g. F	peing with othe Recurrent state	ements t					OF IN			tivities	
	11011	2. W	alker/cri			J. ACC	ivity do	23 1100	Occur		<u>Б.</u>		omething terr o happen—e.g			g.						interest ivities or	
		3.50	ooter (e	.g. Am	go)							ŀ	ne or she is ab nave a heart a	out to				be	ing wit	h fami	ily/fr	iends	
											_							р. ке	uuced	ocial	inter	raction	p.
1.	RISK OF					AT RIS						2.	MOOD	One o	r more	indic	cators	of dep	ressed	, sad r	or an	xious	
١.	HARM OR	Pers	on at ri	sk of	harm (or dete	eriorati	on du	ue to:				PERSIS- TENCE	mood conso	were r	not ea eassu	asily a		by atte	mpts t	to "cl	heer up,"	,
	DETERIORA- TION	$\overline{}$	a. Medi b. Cogn			oral D	isk							0. No 1. Ind				easily a	tered				
	(Check all that apply)		c. Cogn			UIAI KI	ısk							2. Ind	icators	s pres	ent, i	not eas	ily alter				
			d. <i>NON</i>	E OF T	ГНЕ АВ	<i>SOVE</i>						3.	MOOD	status	180 c	lays a	igo.	status			·		
														0. No	chang	e	1.	Improv	/ed	2. D	eclir	ned	1

Agency Name:	oplicant Name:
	ocial Security #
sssessment Date:	
INDEPENDENT HOUSING WITH	SERVICES (IHSP)
CH.1. In Section E, Physical Functioning/Structural Problems, are at least 2 ADLs from the problems of the	he following: bed mobility, transfer, locomotion,
$dressing, eating, to ilet use, or bathing coded with \verb a2,3 or 4 in self-performance and the$	eANDa2or3insupport? Yes I
CH.2. In Section P, Instrumental Activities of Daily Living, are at least 3 IADLs from the for	
housework, 2.c grocery shopping, 2.d laundry, coded with a 2 or 3 in self-perfor	Trance AND a 3 or 4 in support? Yes
CIL2 In Castian F. Dhysical Functioning /Structural Drahlams is at least 1 ADI from the	fallowing had mability transfer lecomotion
CH.3. In Section E, Physical Functioning/Structural Problems, is at least 1 ADL from the dressing, eating, toilet use, or bathing coded with a 2, 3, or 4 in self-performance	
$Instrumental \ Activities of Daily Living, are at least 2 IADLs from the following: 1.but a constant of the property of the $	main meal preparation, 2.b routine housework,
2.cgrocery shopping, 2.d laundry, coded with a 2 or 3 in self-performance and a	3or4insupport? Yes
If the answer to CH. 1, CH. 2, OR CH. 3 is Yes, score this section with a "1".	=
The consumer appears to be functionally eligible for Independent Housing with Ser	vices.
ADULT DAY PROGR	
AD.1. In Section E, Physical Functioning/Structural Problems, were d., e., f., and bathing) all coded with a 5 (cueing) in self-performance AND support? OR	4 (dressing, eating, tollet use, and Yes
AD.2. In Section E, Physical Functioning/Structural Problems, were one or more of	
mobility, transfer, locomotion, eating, toilet use, bathing, or dressing) code	d with a 2, 3 or 4 in
self-performance AND a 2 or 3 in support?	Yes
f the answer to either AD.1. OR AD.2. is "YES," score this section with a "1."	
The consumer appears to be functionally eligible for the Adult Day Program.	
HOMEMAKER SER	VICES
HM.1. In Section P, Instrumental Activities of Daily Living, are at least three of the fo	ollowing IADLS: 1 b. main meal
preparation, 2b. routine housework, 2c. grocery shopping, or 2d. laundry, co	oded with a 2 or 3 (needs assistance Yes
or dependent) in self-performance AND a 3 or 4 in support? OR	
HM.2. In Section E. Physical Functioning/Structural Problems, is g. personal hygier 4 in self-performance AND a 2 or 3 in support AND is at least 1 of the following	
routine housework, 2c. grocery shopping, or 2d. laundry coded with a 2 or 3 in	n self performance and a 3 or 4 in
support?	Yes
If the answer to either HM. 1. OR HM. 2. is "YES," score this section with a "1."	_
Consumer appears to be functionally eligible for OES Homemaker Services.	
, , , , , , , , , , , , , , , , , ,	
MAINECARE HOME I	
HH.A. a. In Section A, Nursing Services, were any items A1-A10 coded with a 1, 2,	 -
b. In Section A, was item A12 Therapy coded with a 1?	Yes
c. In Section A, was item A13, Assessment/Management, coded with a 7 (ass	
d. In Section B, were items were items a-d, g-k, coded with a 1, 2, or 7?	Yes
(B.e. Venipuncture and B.f. Monthly Injection are not criteria for MaineCard	e Home Health.)
f the answer to any of these questions is "YES," then score this section with a "1." onsumer appears to be medically eligible for MaineCare Home Health (excludin	ng Therapies-see below).
	•
MaineCare Home Health Therapies	
HH.B. a. In Section A, was item A11.B Rehab Potential* coded with a 1?	Yes
b. In Section A, was item A12 Therapy coded with a 1?	Yes
* NOTE: A person must have physician documentation of rehab potential to receive	
If the answer to both of these questions is "YES," then score this section with a "1."	
Consumer appears to be medically cligible for Main-Consultance Harly There's	
Consumer appears to be medically eligible for MaineCare Home Health Therapie	·o.
Consumer appears to be medically eligible for MaineCare Home Health Therapie	· · · · · · · · · · · · · · · · · · ·

ELIGIBILITY DETERMINATION

Agency Name:	Applicant Name:
Provider-Assessor#	Social Security #
Assessment Date:	
MAINECARE DAY HEALTH	I SERVICES - LEVEL 1
DH.1.A In Clinical Detail, Section E, Physical Functioning/Structu	
4 (dressing, eating, toilet use, and bathing) all coded with a '5' (cueing Support?	· ·
OR	
DH.1.B In Clinical Detail, Section E, Physical Functioning/Structu	
following 7 ADLs (bed mobility, transfer, locomotion, eating, toilet us	e, bathing, or dressing) coded Yes No
with a 2, 3, or 4 in Self-performance AND a 2 or 3 in Support ?	
If the answer to either DH.1.A or DH.1.B is 'yes,' score this section w	ith a '1'. Person appears to be
functionally eligible for MaineCare Day Health Services - Level I.	and a constant approximation
MAINECARE DAY HEALTH	SEDVICES LEVEL 2
DH.2.A In Clinical Detail, Section E, Physical Functioning/Structure ADLs from the following 5 ADLs (bed mobility, transfer, locomotion,	
3 or 4 in self-performance and a 2 or 3 in support?	eating of toffet use) coded with a
o or this contraction and a 2 of o in support.	Yes — No —
If the answer to DH.2.A is 'yes,' score this section with a '1'. Person ap	ppears to be functionally eligible
for MaineCare Day Health Services - Level 2.	
<u>OR</u>	
DH.2.B Cognition Threshold:	
(a) Is Section C1a (short-term memory) coded with a 1?	Yes — No —
(b) In Section C2 (memory recall) are 1 or 2 boxes checked in	
Above, checked (Person is able to recall no more than 2 items (c) Is Section C3 (Decision-making skills) coded with a 2 or 3	Voc No
If the answers to ALL of the above questions are 'Yes', score this section	
•	
DH.2. C Behavior Threshold: In Section D, Problem Behavior, are or	ne or more of the behaviors D1a-
D1d coded with a 2 or 3? If Yes, score this section with a '1'.	
DH.2.D In Clinical Detail, Section E, Physical Functioning/Structur	ral Problems, was at least 1 ADL.
from the following 5 ADLs (bed mobility, transfer, locomotion, eating	
in self-performance and a 2 or 3 in support? If Yes, score this section w	
If the total score from DH.2.B + DH.2.C + DH.2.D is 2 or more, personal in the factor of the total score from DH.2.B + DH.2.C + DH.2.D is 2 or more, personal in the factor of the total score from DH.2.B + DH.2.C + DH.2.D is 2 or more, personal in the factor of the total score from DH.2.B + DH.2.C + DH.2.D is 2 or more, personal in the factor of the total score from DH.2.B + DH.2.C + DH.2.D is 2 or more, personal in the factor of the total score from DH.2.B + DH.2.C + DH.2.D is 2 or more, personal in the factor of the total score from DH.2.B + DH.2.C + DH.2.D is 2 or more, personal in the factor of the total score from DH.2.B + DH.2.C + DH.2.D is 2 or more, personal in the factor of the total score from DH.2.B + DH.2.C + DH.2.D is 2 or more, personal in the factor of the total score from DH.2.B + DH.2.C + DH.2.D is 2 or more, personal in the factor of the total score from DH.2.B + DH.2.C + DH.2.D is 2 or more, personal in the factor of the total score from DH.2.B + DH.2.C + DH.2.D is 2 or more, personal in the factor of the total score from DH.2.B + DH.2.C + DH.2.D is 2 or more, personal in the factor of the total score from DH.2.B + DH.2.C + DH.2.D is 2 or more, personal in the factor of the total score from DH.2.B + DH.2.C + DH.2.D is 2 or more, personal in the factor of the total score from DH.2.B + DH.2.C + DH.2.D is 2 or more, personal in the factor of the total score from DH.2.B + DH.2.C + DH.2.D is 2 or more, personal in the factor of the total score from DH.2.B + DH.2.C + DH.2.D is 2 or more, personal in the factor of the total score from DH.2.B + DH.2.C + DH.2.D is 2 or more, personal in the factor of the total score from DH.2.B + DH.2.C + DH.2.D is 2 or more, personal in the factor of the total score from DH.2.B + DH.2.C + DH.2.D is 2 or more, personal in the factor of the total score from DH.2.B + DH.2.C + DH.2.D is 2 or more, personal in the factor of the total score fro	on appears to be functionally
eligible for MaineCare Day Health Services - Level 2.	
MAINECARE DAY HEALTH	SERVICES - LEVEL 3
DH.3 If person is medically eligible for NF Level of Care (NF.7 on page	
mination), score this section with a '1'.	
If DH.3 is scored with a '1', the person appears to be functionally eligi	ble for MaineCare Day Health
Services - Level 3.	

ELIGIBILITY DETERMINATION

Page 3 of 7

Agency	Name <u>:</u>												Applicant Name:	
Provider	-Assessor#					T			-				Social Security #	
Assessn	nent Date:	<u>.</u> П	-	Ė	1_[Ī	Ť	T						
					J	_ L	_							
											Н	ΟM	ME BASED CARE - LEVEL 1	
H.1.A			•										, were d., e., f., and 4 dressing, eating, toilet use, and	
H.1.B	-						_			•			nce AND support? , how many ADLs from the following 7 ADLs: bed	Yes No
11.1.6		-	•				•						sing, or bathing were coded with a 2, 3 or 4 in	
	self-perf							-			-,		,,	
H.1.C	In Section	n A, it	ems	1-1	1, Pı	rofe	ssion	nal N	ursi	ing S	Servi	ices	s, how many boxes were coded with at least a 1 (needed	
	nursing						•							
H.1.D													v many IADLs from items 1 b. main meal preparation, 2b.	
														um H.1.B +C +D
	with hel	o or de	epen	den	it/dc	ne	by of	hers	i) in	self	-per	tor	mance AND a 3 or 4 in support?	Total
H.1.E	If the an	swert	n H 1	(c	uein	ıa) i	s "YF'	S " sc	ore	this	Sec	tio	n with a "1."	
	ii tiic uii	J		. (C	aciii	9/1.	J 1 L	, ,	.0.0		, , , ,			<u> </u>
H.1.F	If the pe	son re	quir	es a	ıssis	tano	ce wit	h at	leas	st or	ıe A[DL	from the following 7 ADLs: bed mobility, transfer,	_
	locomot	ion, ea	ating	, toi	ilet ι	ıse,	dres	sing,	or l	bath	ning,	, AN	ND the TOTAL score from H.1.B+C+D above is equal to or	<u> </u>
	greater													
If H.1.	E. or H.1.F.	is sco	red	witi	ha"	1",	thec	ons	um	er a	ppe	ars	s to be functionally eligible for Home Based Care-Level 1	
											116	~ 1.7	MEDACED CARE LEVEL 2	
											ΗС	JIV	1E BASED CARE - LEVEL 2	
H.2							or Lev	/el II	Priv	ate I	Duty	νNι	ursing (R.2D on page 5 of 7 under Eligibility Determination),	
	score this	sectio	n wit	th a	"1".									
If H.2 i	is scored wi	th a "	1", tl	he c	cons	um	ier a	ррес	ars	to b	e fu	nci	tionally eligible for Home Based Care - Level 2.	
												ЮІ	ME BASED CARE - LEVEL 3	
H.3.A													are at least 2 ADLs from the following: bed mobility, 3, or 4 in self-performance and a 2 or 3 in support AND in	
	Section P, Ir	ıstrum	enta	ıl Ac	ctivit	ties	of Da	ily L	ivin	g, aı	re at	lea	ast 3 IADLs from the following:	
			•							wor	k, 2.	.c g	rocery shopping, 2.d laundry, coded with a 2 or 3 in	000
	self-perfor	mance	e and	la3	3 or 4	4 in	sup	ort?						
H.3	If the ans	werto	H.3.	.A is	; Yes	, sc	ore tl	nis se	ectio	on w	ith a	a "1		
If H.3 i	is scored wi	th a "	1", tl	he c	cons	um	ier a	ррес	ars	to b	e fu	nci	tionally eligible for Home Based Care - Level 3.	
											Н	<u>O</u> M	ME BASED CARE - LEVEL 4	
H.4	If person section w			/elig	gible	for	NFLe	velo	fCa	re (N	1F.7 c	on p	page 7 of 7 under Eligibility Determination), score this	
If H ⊿ i				ho d	cons	เมพ	10r a	ททอง	arc	to h	o fu	ınc	tionally eligible for Home Based Care - Level 4.	
1, 4 !	IS SCOTEU W	u	. ,	.16 (.UIIS	WIII.	ici u	ρρει	AI 3	.00	сји		Condity engine for Home buseu cure - Level 4.	
ــــــــــــــــــــــــــــــــــــــ														

Agency Name:	Applicant Name:		
	Social Security #		
	social security #		
Assessment Date:			
COGNITIVE CAPACITY FOR CONSU	IMED DIDECTED SERVICES		
Does consumer have a Legal Guardian (Section A.17.a)?	OMER DIRECTED SERVICES		
If 'yes', consumer does have a legal quardian, do not continue scoring for consumer-directed se.	prvices Consumer is not eligible for Consumer Directed	Yes	No
Services.	, vices. consumer is notelly, biologic Consumer Bir ected		
If 'no', consumer does not have a legal guardian, then continue scoring for cognitive capacity.			
Ability to Self-direct Indicators:			
1. Decision Making skills (Section C.3) = 0 or 1			
3. Ability to Understand Others (Section I.4) = 0, 1, or 2			
4. Managing Finances (Section P. 2. a. i)			
b. in Support = 0, 1, 2, or 3			
CC.1 If all the answers to the above questions are "Yes" then score this section with a "1" Person appears to have cognitive capacity to self-direct their care.			
, , , ,			
CONSUMER DIRECTED HO			
CDH.1 In Section E, Physical Functioning/Structural Problems, are at least 2 AD transfer, locomotion, dressing, eating, toilet use, or bathing coded with a 2, 3, or 4		Yes —	No
CDH.2 If the answer to CDH.1 is Yes, AND CC.1 (Cognitive Capacity) is scored			
If CDH.2 is scored with a "1", the consumer appears to be functionally eligible	,		
if CD1.213 Scored with a 1 , the consumer appears to be functionally english	e for Consumer Directeu Home Buseu Cure.		
MaineCare Consumer Directed At	ttendant Services - Level 1		
P.1.A In Clinical Detail, Section E, Physical Functioning/Structural Proble			
mobility, transfer, locomotion, eating, toilet use, bathing, or dressing) coded with a 2, 3, or 4	4 in Solf-norformance AND a 2 or 3 in	Yes	. No
Support?	4 III Self-performance AND a 2 01 3 III		
P.1.B If the answer to P.1.A is Yes, and CC.1 (Cognitive Capacity) is scored wi	ith a '4' than again this agation with a "4"		
Person appears to be functionally eligible for MaineCare Consumer Directed Atte			
MaineCare Consumer Directed At	ttendant Services - Level 2		
P.2.A In Clinical Detail, Section E, Physical Functioning/Structural Proble	ems, were 3 of the following 7 ADLs (bed		
mobility, transfer, locomotion, eating, toilet use, bathing, or dressing) coded with a	a 2, 3, or 4 in Self-performance AND a 2	Yes	No
or 3 in Support ?			
P.2.B If the answer to P.2.A is Yes, and CC.1 (Cognitive Capacity) is scored to	with a '1', then score this section with a "1".		
Person appears to be functionally eligible for MaineCare Consumer Directed Att			
MaineCare Consumer Directed Att	tendant Services - Level 3		
P.3.A In Clinical Detail, Section E, Physical Functioning/Structural Problems, w	,	Yes	_No
mobility, transfer, locomotion, eating, or toilet use) coded with a 3 or 4 in Self-perfo	ormance AND a 2 or 3 in Support?	163	_140
P.3.B In Clinical Detail, Section E, Physical Functioning/Structural Problems, wer	re 2 additional ADLs from the following 7	Yes	No
ADLs (bed mobility, transfer, locomotion, eating, toilet use, bathing, or dressing) of AND a 2 or 3 in Supposed 2	coded with a 2, 3, or 4 in Self-performance	163	_No
AND a 2 or 3 in Support?			
P.3.C If the answer to P.3.A <u>and</u> P.3.B is Yes, and CC.1 (Cognitive Capacity) is s	scored with a '1', then score this section		
with a "1". Person appears to be functionally eligible for MaineCare Consumer Directed Atte	endant Services - Level 3.		
MaineCare PHYSICALLY			
PDW. 1 Is person medically eligible for NF Level of Care (NF. 7 on page 7 of 7 under 8	Fligibility Determination)?	Yes	No
PDW.2 If the answer to PDW.1 is Yes, AND CC.1 (Cognitive Capacity) is scored with If PDW.2 is scored with a "1", the consumer appears to be functionally eligible for			
ij PDW.213 Scoreu withu T, the consumer appears to be functionally eligible fo	у митесите гнузісину Дізивіви псвз.		

Agency Name: Applicant N	Name:
Provider-Assessor# Social Secu	
Assessment Date:	
785653MEM SALE.	
PDN/PCS NURSING SCORE	
Private Duty Nursing	
RN.A. a. In Section A, Nursing Services, were any items 1-8 coded with a 1, 2, 3, 5, or 7?	Yes No
b. In Section A, item 9 (Ventilator/Respirator), did you code this response with a 1, 5, or 7?	Yes No Yes No
c. In Section A, item 10 (uncontrolled seizures) did you code this with a 5 or 7 (care needed once	eortwice a month)?
d. In Section A, was item 13, Assessment/Management, coded with a 1 or 7 (assessment need	ded Yes No
once or twice a month)? If the answer to any of these questions is "YES," then score this section with a "1."	
Professional Nursing Services RN.B. In Section B.1 - B.2, Special Treatments and Therapies, were any boxes (excluding B.1.e. ven	ipuncture) coded with a 1, 2, 3, or 7? Yes — No —
If the answer is "YES," then score this section with a "1."	
Impaired Cognition	Yes — No —
RN.C. a. Is Section C1a (short term memory) coded with a 1?	
b. In Section C2 (memory recall) are 1 or 2 boxes checked in C2a-C2d or is C2e, None of the Above, checked (Person is able to recall no more than 2 items)?	Yes No
c. Is Section C3 coded with a 2 or 3?	Yes No
d. Is Section C5 coded with a 1 (i.e. is professional nursing assessment, observations required once a month to manage all the above cognitive patterns)?	and management Yes No
If all the answers to the above questions are "YES," then score this section with a "1."	
Behavior Problems	
RN.D. a. In Section D, Problem Behavior, are one or more of the behaviors a-d coded with	a 2 or 3? Yes — No —
 b. Is Section D3 coded with a 1 (i.e. is professional nursing assessment, observations and marequired once a month to manage the above behavior problems)? 	anagement Yes No
If the answer to both of these questions is "YES," then score this section with a "1."	
RN.E. Compute the total PDN nursing score from questions RN.A., RN.B., RN.C. and RN.D.	11 11 1 C 22 11 11 1 1 1 1 1 1 1 1 1 1 1
If the Total nursing score is 1 or more, proceed. Otherwise, the person appears NOT to be medically	veligible for PDN Level II or Level III.
PDN/PCS LEVEL 1 R.1.A In Clinical Detail, Section E, Physical Functioning/Structural Problems, were d	l e fand4(dressing eating
toilet use, and bathing) all coded with a '5' (cueing) in Self-Performance AND Supp	
R.1.B In Clinical Detail, Section E, Physical Functioning/Structural Problems, were 2	of the following 7 ADIs (had
mobility, transfer, locomotion, eating, toilet use, bathing, or dressing) coded with a 2 AND a 2 or 3 in Support ?	e, 3, or 4 in Self-Performance Yes No
AND a 2 of 3 iii Support:	
R.1.C In Clinical Detail, Section E, Physical Functionig/Structural Problems, was at lead to be about the ADLs (bed mobility, transfer, locomotion, eating, toilet use, bathing, or dressing) coolings.	
Performance AND a 2 or 3 in Support AND in Section P. Instrumental Activities of Da	aily Living, were at least 2
IADLs from the following: 1.b main meal preparation, 2.b routine housework, 2.c grocoded with a 2 or 3 in Self-Performance and a 3 or 4 in Support?	
coded with a 2 of 3 in Sen-Feriorinance and a 3 of 4 in Support:	Yes — No —
R.1.D In RN.E, is the PDN Nursing Score '1' or more?	Yes — No —
If the answer to ANY of these questions is 'yes,' then score this section with a '1.' Pe PDN - Level 1.	erson appears to be eligible for
PDN/PCS LEVEL 2	
R.2.A In Clinical Detail, Section E, Physical Functioning/Structural Problems, were o	d e f and 4 (dressing eating
toilet use, and bathing) all coded with a '5' (cueing) in Self-Performance AND Supp R.2.B In Clinical Detail, Section E, Physical Functioning/Structural Problems, were 2	port? Yes No
mobility, transfer, locomotion, eating, toilet use, bathing, or dressing) coded with a 2	2, 3, or 4 in Self-Performance Yes No
AND a 2 or 3 in Support?	acation with a (1)
R.2.C ADL Needs Score: If the answer to either R.2.A or R.2.B is 'yes' then score this s R.2.D PDN-Level 2 Eligibility Determination (RN.E+R.2.C)	Yes No
a. In RN.E, is the PDN Nursing Score '1' or more or is Clinical Detail, Section B.1.e., ver	nipuncture, coded with a Yes No No
1, 2, 3, or 7? b. In R.2.C , is the ADL Needs Score '1'?	
If the answer to both of these questions is YES, score '1' in the box. The person appe	ears to be eligible for PDN -
Level 2. Otherwise, the person appears NOT to be eligible for PDN-Level 2.	

ELIGIBILITY DETERMINATION

Agency Name:	Applicant Name <u>:</u>	
Provider-Assessor#	Social Security #	
Assessment Date:		
PDN/PCS LI	EVEL 3	
R.3.A In Clinical Detail, Section E, Physical Functioning/Structural Pro ADLs (bed mobility, transfer, locomotion, eating, toilet use) coded with 2 or 3 in Support ?	a 2 3 or 4 in Self-Performance AND a	Yes No
R.3.B ADL Needs Score: If the answer to R.3.A is 'yes' then score this se	ction with a '1'.	
R.3.C PDN-Level 3 Eligibility Determination (RN.E + R.3.B) a. In RN.E, is the PDN Nursing Score '1' or more or is Clinical Detail, Secti 1, 2, 3, or 7?	on R. 1. e. veninuncture, coded with a	Yes — No— Yes — No—
b. In R.3.B , is the ADL Needs Score '1'? If the answer to both of these questions is YES, score '1' in the box. The Level 3 . Otherwise, the person appears NOT to be eligible for PDN-Level	e person appears to be eligible for PDN - el 3.	
PDN Level 8 - Nui	sing Only	
R.8.A. In RN.E, PDN/PCS Nursing Score, is the PDN Nursing Score '1' or m	ore?	Yes No
,		
R.8.B Is person medically eligible for NF Level of Care (NF.7 on page 7 of	7 under Eligibility Determination)?	Yes No
If the answer to either of these questions is YES, score '1' in the box. The pers Level 8. Otherwise, the person appears NOT to be eligible for PDN - Level 8.	on appears to be eligible for PDN -	
PDN/PCS L	evel V	
EXP.1. In Section A, was item 9 (Ventilator/Respirator) coded with a 4 week)?	(nursing services needed 7 days a	/es No
If the answer is YES, then person appears to be medically eligible for E	xtended PDN. Score 1 in the box.	
If the answer is NO. then proceed to EXP.2.		
EXP.2a. In Section A, was one of the items from 1 (Injections/IV Feedir Trach Care), 4 (Treatment/Dressings), 8 (Comatose), or 10 (Un (service needed at least once every 8 hours, 7 days a week)	ncontrolled Seizure) coded with a 6	′es No
2b.In Section A, were 2 additional items from 1, 2, 3, 4, 8, or 10 co	ded with a 4?	'es No
If the answer to BOTH 2a. and 2b. is YES, then person appears to be mo Score 1 in the box.	edically eligible for PDN-Level 5.	
If NO, then person appears to NOT be medically eligible for PDN-Level	5.	
PDN Level VI MEDICATION SERVICES FOR PERSONS	WITH SEVERE AND DISABLING MENTAL ILLN	ESS
R.10. a. Is there a physician certification in the person's record verifying the coverage for services under Section 17?		'es No
b. Has a physician certified that use of outpatient services is co	ntraindicated for this person?	/es No
If the answer to both of these questions is "YES", then score this section	n with a "1".	
R.11. a. In Section G, Medication, is G1a, Preparation/Administration,	coded with a 6?	/es No
b. In Section G, Medication, is G1b, Compliance, coded with a	4?	/es No
If the answer to either of these questions is "YES", then score this section	on with a "1".	
If the answer to both R.10. and R.11. is scored with a "1" then this per tion Services under Private Duty Nursing. Otherwise, this person a Services.		
PDN Level VII VENIPUNCT	URE ONLY SERVICES	
R.12. a. Is there a physician order in the person's record for only veni	puncture services on a regular basis?	/es No
b. Has a physician certified that use of outpatient services is cor	ntraindicated for this person?	/es No
c. In Section B, Special Treatments and Therapies, is B.1.e, Venip	ouncture, coded with a 1, 2, or 3?	/es No
If the answers to R.12 a., b., and c. are "YES", then score this section for Venipuncture Services under Private Duty Nursing.	with a "1". Person appears to be eligible	

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ency Name <u>:</u>				_		7 [_		Applicant Name:		
ovider-Assessor#	Щ								Social Security #		
sessment Date:		-									
							DDF	EZ A ZEÍTO Y			
Dhysical Cur	n sti o	nina N	1adia		m A c	. cict			NONMEDICAL INSTITUTION (PNMI)		
RC.1 In Clini	ical De	etail, Se	ection	ı E, P	hysio	cal Fu	unctio	oning,	tments and Therapies /Structural Problems, were d, e, f, and 4 (dressing, eating, elf-Performance AND Support?	Yes	No
	nsfer	, locom	otior						/Structural Problems, were 2 of the following 7 ADLs (bed ing, or dressing) coded with a 2, 3, or 4 in Self-Performance	Yes	No
RC.3 In Clini Assistance n								as G.2	, Daily Assist with Prescription Meds coded with a 2,	Yes	No
									nd Therapies, items 1a-1d and 1g-1j (excluding 1e and 1f), least once per month)?	Yes	No
RC.5 Impaire	ed Co	gnitio	n								
a. Is Sec	tion (C1a (sh	ort te	erm i	mem	ory)	code	d with	a 1?	Yes	. No
b. in Sec (Perso	ction on is a	C2 (me able to	emory recall	/ rec l no	aii) a more	re i e thai	or∠ n 2 ite	boxes ems)?	checked in C2a-C2d or is C2e (None of the Above) checked		No No
c. Is Sec d. Is Sec						3?					. No
u. 13 3cc	CIOII	C+A C0	aca v	VICII	α 1:						
									score this section with a '1' OR If RC.5.c above (C.3, en score this section with a '1'.		
abusiv b. Is Sect	tion D ve, so tion D), are or cially ir)2A cod	appr ded w	opri ith a	ate b 1?	ehav	ior) c	oded	om items a-d (wandering, verbally abusive, physically with a 2 or 3? ection with a "1."	Yes Yes	
RC.7 At Risl		t Risk,	were	iter	ns 1a	a, 1b	, or 1	c che	cked, indicating person is at risk of harm or deterioration?	Yes	No
If RC.1, RC.2	2, RC.	3, or R	C.4 i	s Ye	es, th	nen t	this p	oerso	n appears to be eligible for PNMI, Residential Care Faci	ility Serv	rices.
If RC.5 or RC	C.6 is	score	d wit	th a	'1', t	then	this	perso	on appears eligible for PNMI, Residential Care Facility S	Services.	
If RC.7 is Ye	es, the	en this	s per	son	app	ears	to b	e elig	ible for PNMI, Residential Care Facility Services.		

NELVELOGEARE NF.1. a. In Section A, Nursing Services, items 1-8, did you code this response with a 2, 3 or 4 (treatment needed at least once/ desprise of the section A, item 10 (Uncontrolled Seizure), did you code this response with a 1, 2, 3 or 4 (treatment needed at least once/ desprised of disprised in 12, a 2 (PT.S. TOT. Resp. Therapies), was the total number of days of therapy 5 or more days/week? ves No d. In Section A, item 11 a 2 (PT.S. TOT. Resp. Therapies), was the total number of days of therapy 5 or more days/week? ves No e. In Section E, Physical Functioning/Structural Problems), were 3 or more shaded ADLs coded with a 3 ves No etherapise blank of the desprised of the person appears medically eligible for NF level care. Otherwise continue. PROFESSIONAL NURSINGSERVICES NP.2. a. In Section A, Nursing Services, Items 1-8, how many were coded with a 2 or 3 (service needed 3-6 days/week)? b. In Section A, Item 11 A. 10 (T.S.T (with Rehab),OTT Therapies), was the total number of days of therapy 3 or 4 days/week? ONO 1-Yes c. In Section B, Items 1-8 - Earl of 19 (Jexcluding) It (monthly)injections, did you code any of the responses with a 2? ONO 1-Yes d. In Section B, Items 1-8 - Earl of 19 (Jexcluding) It (monthly)injections, did you code any of the responses with a 2? ONO 1-Yes Compute the nursing services score from 2-2 dand enter it here. Total NF.3. Impaired Cognition NF.3. Impaired Cognition A is Section C 14 (Silvort term memory) coded with a 1? A is Section C 14 (Silvort term memory) coded with a 2 or 3? A is Section C 14 (Silvort term memory) coded with a 2 or 3? A is Section C 14 (Silvort term memory) coded with a 2 or 3? A is Section C 14 (Silvort term memory) coded with a 2 or 3? A is Section C 14 (Silvort term memory) coded with a 2 or 3? A is Section C 14 (Silvort term memory) coded with a 2 or 3? A is Section C 14 (Silvort term memory) coded with a 2 or 3? A is Section C 14 (Silvort term memory) coded with a 2 or 3? A is Section C 14 (Silvort term memory) coded with a 2 or 3? A	Agency Name:	Applicant Name <u>:</u>	
NF.1. a. In Section A. Nursing Services, Items 1-8. did you code any of the responses with a 4 (be, services needed 2' days/week)? D. In Section A., Item 9 (Ventilator/Respirator) did you code this response with a 2, 3 or 4 (treatment needed at least 3 days/week)? C. In Section A., Item 10 (Uncontrolled Seizure), did you code this response with a 1, 2, 3 or 4 (care needed at least once/week)? d. In Section A., Item 10 (Uncontrolled Seizure), did you code this response with a 1, 2, 3 or 4 (care needed at least once/week)? d. In Section A., Item 11 A. 2 (PT.ST.OT. Resp Therapies), was the total number of days of therapy 5 or more days/week? Ves No e. In Section A., Item 11 A. 2 (PT.ST.OT. Resp Therapies), was the total number of days of therapy 5 or more days/week? If the answer to any of these questions is "YES," then the person appears medically eligible for NF level care. Otherwise continue. PROFESSIONAL NURSING SERVICES N.2. a. In Section A., Item 11 A. 1 (PT.ST. (with Rehab).OT Therapies), was the total number of days of therapy 3 or 4 days/week? D. In Section A. Item 11 A. 1 (PT.ST. (with Rehab).OT Therapies), was the total number of days of therapy 3 or 4 days/week? ONO 1-Yes Lo In Section B., Items 12-24 (day out ocal any of the responses with a 2? ONO 1-Yes Lo In Section B., Items 12-24 (day out ocal any of the responses with a 2? ONO 1-Yes Compute the nursing services score from 2a-2d and enter it here. Total NF.3. Impaired Cognition a. Is Section C1 (a fshort term memory) coded with a 1? b. In Section C2 (memory recall) are 1 or 2 boxes checked in C2a-C2d or is C2e (None of the Above) checked (Personic able to recall in ornor than 2 tens)? Yes No d. Is Section C3 coded with a 2 or 3? d. Is Section C4 Acoded with a 2 or 3? d. Is Section C4 Acoded with a 2 or 3? d. Is Section C4 Acoded with a 2 or 3? S. No d. Is Section C5 coded with a 2 or 3? S. No J. Is Section C5 coded with a 2 or 3? S. No J. Is Section C5 coded with a 2 or 3? S. No J. Is Section C5 Computer the total	Provider-Assessor#	Social Security #	
NF.1. a. In Section A, Nursing Services, items 1-8, didyou code any of the responses with a 1, 2, 3 or 4 (treatment needed at least 3 days/week)? b. In Section A, Items 10 (Uncontrolled Seizure), did you code this response with a 1, 2, 3 or 4 (treatment needed at least 3 days/week)? c. In Section A, Items 10 (Uncontrolled Seizure), did you code this response with a 1, 2, 3 or 4 (care needed at least once/week)? d. In Section A, Items 11 A 2 (PT, ST, OT, Resp Therapies), was the total number of days of therapy's ormore days/week? Ves No e. In Section E, (Physical Functioning/Structural Problems), were 3 or more shaded ADLs coded with a 3 (extensive assistance) or 4 (dependent) in self-performance? If the answer to any of these questions is "YES," then the person appears medically eligible for NF level care. Otherwise continue. PROFESSIONAL NURSING SERVICES. NF.2. a. In Section A, Nursing Services, Items 1-8, how many were coded with a 2 or 3 (service needed 3-6 days/week)? b. In Section A, Nursing Services, items 1-8, how many were coded with a 2 or 3 (service needed 3-6 days/week)? b. In Section A, Items 11 A I (PT, ST) (with Rehab). OT Therapies), was the total number of days of therapy 3 or 4 days/week? No 1 Yes c. In Section B, Items 1a 1-a and 19-1 (sexulosing 1 fs. monthly injections), did you code any of the responses with a 2? Compute the nursing services score from 2a-2d and enter it here. Total NS3. Impaired Cognition a. Is Section C1 a (stont term memory) coded with a 1? b. In Section C2 intempory really are 1 or 2 boxes becked in C2a-C2d or is C2e (None of the Above) checked (Person is able to recall no more than 2 terms)? c. Is Section C3 coded with a 2 or 3? d. Its Section C4 accorded with a 1 OR In Section E, is at least one shaded ADL coded with a 2, 3 or 4 in self-performance and 2 or 3 in support AND C48 (from page 2 ASupplemental Screening Tool) is 13 or more]? Yes No b. Il Section D4 Accorded with a 2 or 3? d. Is Section D4 accorded with a 2 or 3? d. Is Section D4 accor	Assessment Date:		
NF.1. a. In Section A, Nursing Services, items 1-8, didyou code any of the responses with a 1, 2, 3 or 4 (treatment needed at least 3 days/week)? b. In Section A, Items 10 (Uncontrolled Seizure), did you code this response with a 1, 2, 3 or 4 (treatment needed at least 3 days/week)? c. In Section A, Items 10 (Uncontrolled Seizure), did you code this response with a 1, 2, 3 or 4 (care needed at least once/week)? d. In Section A, Items 11 A 2 (PT, ST, OT, Resp Therapies), was the total number of days of therapy's ormore days/week? Ves No e. In Section E, (Physical Functioning/Structural Problems), were 3 or more shaded ADLs coded with a 3 (extensive assistance) or 4 (dependent) in self-performance? If the answer to any of these questions is "YES," then the person appears medically eligible for NF level care. Otherwise continue. PROFESSIONAL NURSING SERVICES. NF.2. a. In Section A, Nursing Services, Items 1-8, how many were coded with a 2 or 3 (service needed 3-6 days/week)? b. In Section A, Nursing Services, items 1-8, how many were coded with a 2 or 3 (service needed 3-6 days/week)? b. In Section A, Items 11 A I (PT, ST) (with Rehab). OT Therapies), was the total number of days of therapy 3 or 4 days/week? No 1 Yes c. In Section B, Items 1a 1-a and 19-1 (sexulosing 1 fs. monthly injections), did you code any of the responses with a 2? Compute the nursing services score from 2a-2d and enter it here. Total NS3. Impaired Cognition a. Is Section C1 a (stont term memory) coded with a 1? b. In Section C2 intempory really are 1 or 2 boxes becked in C2a-C2d or is C2e (None of the Above) checked (Person is able to recall no more than 2 terms)? c. Is Section C3 coded with a 2 or 3? d. Its Section C4 accorded with a 1 OR In Section E, is at least one shaded ADL coded with a 2, 3 or 4 in self-performance and 2 or 3 in support AND C48 (from page 2 ASupplemental Screening Tool) is 13 or more]? Yes No b. Il Section D4 Accorded with a 2 or 3? d. Is Section D4 accorded with a 2 or 3? d. Is Section D4 accor			
C. services needed 7 days/week? Yes No days/week? All of the answer to any of these questions is Yes, then the person appears medically eligible for NF level care. Otherwise continue. PROFESSIONAL NURSING SERVICES. Section A, Ikem 11 A.1 (PT,ST (with Rehab).OT Therapies), was the total number of days of therapy 3 or 4 days/week? ONo 1-Yes days/week? d. In Section B, Items 1a - le and 1g-1 (jeckluding 1 f, monthly injections), didyoucode any of the responses with a 2? ONo 1-Yes d. In Section B, Items 1a - d. (dilyou code any of the responses with a 2? ONo 1-Yes ONo 1-Yes d. In Section B, Items 1a - d. (dilyou code any of the responses with a 2? ONo 1-Yes ONO 0-Yes ONO 0-Yes ONO 0-Yes ONO 0-	NF LEVEL O	FCARE	
days/week)? c. In Section A, Item 10 (Uncontrolled Selzure), did you code this response with a 1, 2, 3 or 4 (care needed at least once/week)? week)? d. In Section A, Item 11 A, 2 (PT, ST, OT, Resp Therapies), was the total number of days of therapy 5 or more days/week? ves No e. In Section E, (Physical Functioning/Structural Problems), were 3 or more shaded ADLs coded with a 3 (extensive assistance) or 4 (dependent) in self-performance? If the answer to any of these questions is "YES," then the person appears medically eligible for NF-level care. Otherwise continue. PROFESSIONAL NURSING SERVICES. NE. 2. In Section A, Nursing Services, Items 1-8, how many were coded with a 2 or 3 (service needed 3-6 days/week)? Enternumber. La In Section A, Insm 11.A. 1 (PT, ST (with Rehab), OT Therapies), was the total number of days of therapy 3 or 4 days/week? ONO 1-Yes c. In Section B, Items 1a-1e and 1g-1] (excluding) 1f, monthly injections), did you code any of the responses with a 2? ONO 1-Yes d. In Section B, Items 1a-1e and 1g-1] (excluding) 1f, monthly injections), did you code any of the responses with a 2? ONO 1-Yes Compute the nursing services score from 2a-2d and enter it here. Total NF.3. Impaired Cognition a. Is Section C1 a (short term memory) coded with a 1? b. In Section C2 (memory yeard)) are 1 or 2 boxes checked in C2a-C2d or is C2e (None of the Above) checked or 1 section C3 (soded with a 2 or 3? Is Section C3 coded with a 2 or 3? Is Section C3 coded with a 10 R (in Section E, is at least one shaded ADL coded with a 2, 3 or 4 in self-performance a. In Section D4, are one or more of the behaviors from items a-d (wandering, verbally abusive, physically abusive, socially inappropriate behavior) coded with a 2 or 3? b. [Is Section D5 are one or more of the behaviors from items a-d (wandering, verbally abusive, physically abusive, socially inappropriate behavior) coded with a 2 or 3? b. [Is Section D2 accoded with a 1] OR [In Section E, is at least one shaded ADL coded with a 2, 3 or 4		itha4	Yes No
week!? d. InSection A, Item 11 A.2 (PT.ST.OT,RespTherapies), was the total number of days of therapy 5 or more days/week? e. InSection E, (Physical Functioning/Structural Problems), were 3 or more shaded ADLs coded with a 3 (extensive assistance) or 4 (dependent) in self-performance? If the answer to any of these questions is "YES," then the person appears medically eligible for NF level care. Otherwise continue. PROFESSIONAL NURSING SERVICES. N. 2. a. In Section A, Item 11 A.1 (PT.ST (with Rehab), OT Therapies), was the total number of days of therapy 3 or 4 days/week? DNO 1-Yes c. In Section B, Items 1a - 1 and 1g-1] (excluding) 1f, monthly injections), did you code any of the responses with a 2? ONO 1-Yes d. In Section B, Items 1a - 2 and 1g-1] (excluding) 1f, monthly injections), did you code any of the responses with a 2? ONO 1-Yes Compute the nursing services score from 2a-2d and enter it here. Total N. 3. Impaired Cognition a. Is Section 1a (short term memory) coded with a 1? a. Is Section 1a (short term memory) coded with a 1? a. Is Section 1a (short term memory) coded with a 10 or 2 boxes checked in C2a-C2d or is C2e (None of the Above) checked (excord a balled to recall no more than 2 items)? C. Is Section C3 coded with a 2 or 3? d. If is Section C4 coded with a 10 or 2 boxes checked in C2a-C2d or is C2e (None of the Above) checked (excord a balled to recall no more than 2 items)? Yes No and a 2 or 3 in support AND C4B (from page 2A Supplemental Screening Tool) is 13 or more]? Yes No iffall the answers to the above questions are "yes," then score this section with a "1". NF. 4. Behavior Problems a. In Section D, are one or more of the behaviors from items a-d (wandering, verbally abusive, physically abusive, socially inappropriate behavior) coded with a 2 or 3? b. [is Section D2A coded with a 1] OR [in Section E, is at least one shaded ADL coded with a 2, 3 or 4 in self-performance and a 2 or 3 in support AND D2B (from page 2A Supplemental Screening Tool) is 1 4 or more]? Yes		with a 2, 3 or 4 (treatment needed at least 3	Yes No
e. [In Section E. (Physical Functioning) Structural Problems), were 3 or more shaded ADLs coded with a 3 (extensive assistance) or 4 (dependent) in self-performance? If the answer to any of these questions is "YES," then the person appears medically eligible for NF level care. Otherwise continue. PROFESSIONAL NURSINGSERVICES: NF.2. a. In Section A, Nursing Services, items 1-8, how many were coded with a 2 or 3 (service needed 3-6 days/week)? b. In Section A, Item 11-A. (If "JST of with Rehab), OTTheraples), was the total number of days of therapy 3 or 4 days, /week? c. In Section B, items 1a-1e and 1g-1] (excluding 1f, monthly injections), didyou code any of the responses with a 2? d. In Section B, items 2a-2d, did you code any of the responses with a 2? Compute the nursing services score from 2a-2d and enter it here. Total NF.3. Impaired Cognition a. Is Section C1 a (short term memory) coded with a 1? b. In Section C2 (memory recall) are 1 or 2 boxes checked in C2a-C2d or is C2e (None of the Above) checked (Person is able to recall in omore than 2 items)? c. Is Section C3 coded with a 2 or 3? d. [Is Section C3 coded with a 2 or 3? d. [Is Section C4 coded with a 1] OR [In Section E, is at least one shaded ADL coded with a 2, 3 or 4 in self-performance and 2 or 3 in support AND C48 (from page 2A Supplemental Screening 100) is 13 or more)? Ves No If all the answers to the above questions are "yes," then score this section with a "1." NF.4. Behavior Problems a. In Section D, are one or more of the behaviors from items a-d (wandering, verbally abusive, physically abusive, socially inappropriate behavior) coded with a 2 or 3? b. [Is Section D2A coded with a 1] OR [In Section E, is at least one shaded ADL coded with a 2, 3 or 4 in self-performance and 2 or 3 in support AND D28 (from page 2A Supplemental Screening 100) is 14 or more)? If the answer to both questions is yes, then score this section with a "1." NF.5. Compute the total nursing score from questions 2, 3 and 4. If the total nursing score is 1		e with a 1, 2, 3 or 4 (care needed at least once	-
(extensive assistance) or 4 (dependent) in self performance? If the answer to any of these questions is "YES," then the person appears medically eligible for NF level care. Otherwise continue. PROFESSIONAL NURSING SERVICES: NF.2. a. In Section A, Nursing Services, items 1-8, how many were coded with a 2 or 3 (service needed 3-6 days/week)? b. In Section A, liters 11 A. 1 (PT,ST (with Rehab),OTT herapies), was the total number of days of therapy 3 or 4 days/week? ohno 1-Yes d. In Section B, items 1a-1e and 1g-1] (excluding 1f, monthly injections), didyou code any of the responses with a 2? Ohno 1-Yes Compute the nursing services score from 2a-2d and enter it here. NF.3. Impaired Cognition a. Is Section C1 a (short term memory) coded with a 17 b. In Section C2 (memory recall) are 1 or 2 boxes checked in C2a-C2d or is C2e (None of the Above) checked (Person is able to recall no more than 2 items)? c. Is Section C3 coded with a 2 or 3? d. Is Section C3 coded with a 1 OR [in Section E, is at least one shaded ADL coded with a 2, 3 or 4 in self-performance and a 2 or 3 in support AND C4B (from page 2A Supplemental Screening Tool) is 13 or more]? NF.4. Behavior Problems a. In Section D2 acceded with a 1 OR [in Section E, is at least one shaded ADL coded with a 2, 3 or 4 in self-performance and a 2 or 3 in support AND D2B (from page 2A Supplemental Screening Tool) is 14 or more]? NF.5. In Section D2A coded with a 1 OR [in Section E, is at least one shaded ADL coded with a 2, 3 or 4 in self-performance and a 2 or 3 in support AND D2B (from page 2A Supplemental Screening Tool) is 14 or more]? If the answer to both questions is yes, then score this section with a "1." NF.5. Compute the total nursing score from questions 2, 3 and 4. If the total nursing score is 1 or more, proceed. Otherwise person appears not to be medically eligible for NF level of care. Please proceed to next page. Total Nursing and ADL Needs Score is 3 or more, the person appears to be medically eligible for NF level of care. Comm	d. In Section A, item 11.A.2 (PT,ST,OT,Resp Therapies), was the total number of	days of therapy 5 or more days/week?	Yes No
### PROFESSIONAL NURSING SERVICES. NF.2. a. In Section A, Nursing Services, items 1-8, how many were coded with a 2 or 3 (service needed 3-6 days/week)? b. In Section A, Item 11.A.1 (PT,ST (with Rehab),OT Therapies), was the total number of days of therapy 3 or 4 days/week? c. In Section B, items 1 a 1 eand 1g-1] (excluding 1 ff. monthly injections), did you code any of the responses with a 2? d. In Section B, items 2a-2d, did you code any of the responses with a 2? ONO 1-Yes Compute the nursing services score from 2a-2d and enter it here. Total NF.3. Impaired Cognition a. Is Section C1 (short term memory) coded with a 1? b. In Section C2 (memory recall) are 1 or 2 boxes checked in C2a-C2d or is C2e (None of the Above) checked (Person is able to recall no more than 2 items)? c. Is Section C3 coded with a 2 or 3? d. Is Section C3 coded with a 2 or 3? d. Is Section C4 Acoded with a 1 DR (in Section E, is at least one shaded ADL coded with a 2, 3 or 4 in self-performance and a 2 or 3 in support AND C4B (from page 2A Supplemental Screening Tool) is 13 or more]? NF.4. Behavior Problems a. In Section D, are one or more of the behaviors from items a-d (wandering, verbally abusive, physically abusive, socially inappropriate behavior) coded with a 2 or 3? b. Its Section D2A coded with a 1] OR (in Section E, is at least one shaded ADL coded with a 2, 3 or 4 in self-performance and a 2 or 3 in support AND D2B (from page 2A Supplemental Screening Tool) is 1 d or more]? Ves No if the answer to both questions is yes, then score this section with a "1." NF.5. Compute the total nursing score from questions 2, 3 and 4. If the total nursing score is 1 or more, proceed. Otherwise person appears not to be medically eligible for NF level of care. Please proceed to next page. NF.6. In Section E (Physical Functioning/Structural Problems), how many "shaded" ADLs were coded with a 2, 3 or 4 in self-performance AND required a one or more physical assist in support (support coded as 2 or 3)? Total Nursing and ADL Nee	j	led ADLs coded with a 3	Van Na
PROFESSIONAL NURSING SERVICES: NF.2. a. In Section A, Nursing Services, items 1-8, how many were coded with a 2 or 3 (service needed 3-6 days/week)? b. InSection A, Nursing Services, items 1-8, how many were coded with a 2 or 3 (service needed 3-6 days/week)? c. InSection B, Items 1a - and 1g-1] (sexcluding 1.ff. monthly injections), did you code any of the responses with a 2? d. InSection B, Items 1a - and 1g-1] (sexcluding 1.ff. monthly injections), did you code any of the responses with a 2? ONO 1-Yes d. InSection B, Items 2a-2d, did you code any of the responses with a 2? Compute the nursing services score from 2a-2d and enter it here. Total NF.3. Impaired Cognition a. Is Section C1a (short term memory) coded with a 1? b. In Section C1a (short term memory) coded with a 1? b. In Section C1a (short term memory) coded with a 1? b. In Section C3 coded with a 2 or 3? d. Is Section C3 coded with a 2 or 3? d. Is Section C4 coded with a 1] OR (in Section E, Is at least one shaded ADL coded with a 2, 3 or 4 in self-performance and a 2 or 3 in support AND C48 (from page 2 AS supplemental Screening Tool) is 13 or more]? Ves No If all the answers to the above questions are "yes," then score this section with a "1." NF.A. Behavior Problems a. In Section D2, and one or more of the behaviors from items a-d (wandering, verbally abusive, physically abusive, socially inappropriate behavior) coded with a 2 or 3? Yes No b. Itis Section D2 coded with a 1] OR (in Section E, is at least one shaded ADL coded with a 2, 3 or 4 in self-performance and a 2 or 3 in support AND D28 (from page 2 A Supplemental Screening Tool) is 14 or more]? Yes No If the answer to both questions is yes, then score this section with a "1." NF.S. Compute the total nursing score from questions 2, 3 and 4. If the total nursing score is 1 or more, proceed. Otherwise person appears not to be medically eligible for NF level of care. Please proceed to next page. Total Nursing and ADL Needs Score is 3 or more, the person appears to be me		bla for NE laval cara. Otherwise continue	res no
NF.2. a. In Section A, Nursing Services, items 1-8, how many were coded with a 2 or 3 (service needed 3-6 days/week)? b. In Section A, Item 11 A. 1 (PT,ST with Rehab), DT Therapies), was the total number of days of therapy 3 or 4 days/week? ON 0 1-Yes c. In Section B, items 1 a-1 eand 1g-1 (iexcluding 1f, monthly injections), didyou code any of the responses with a 2? ON 0 1-Yes d. In Section B, items 2a-2d, did you code any of the responses with a 2? ON 0 1-Yes Compute the nursing services score from 2a-2d and enter it here. Total NF.3. Impaired Cognition a. Is Section C1 (short term memory) coded with a 1? b. In Section C2 (short term memory) coded with a 1? b. In Section C3 (orded with a 2 or 3? d. Is Section C3 coded with a 1 OR (in Section E, is at least one shaded ADL coded with a 2, 3 or 4 in self-performance and a 2 or 3 in support AND C4B (from page 2A Supplemental Screening Tool) is 13 or more]? NF.4. Behavior Problems a. In Section D, are one or more of the behaviors from items a-d (wandering, verbally abusive, physically abusive, socially inapprropriate behavior) coded with a 2 or 3? b. Is Section D, are one or more of the behaviors from items a-d (wandering, verbally abusive, physically abusive, socially inapprropriate behavior) coded with a 2 or 3? b. Is Section D, are one or more of the behaviors from items a-d (wandering, verbally abusive, physically abusive, socially inapprropriate behavior) coded with a 2 or 3? Yes No If the answer to both questions is yes, then score this section with a"1." NF.5. Compute the total nursing score from questions 2, 3 and 4. If the total nursing score is 1 or more, proceed. Otherwise person appears not to be medically eligible for NF level of care. Please proceed to next page. NF.6. In Section E (Physical Functioning/Structural Problems), how many "shaded" ADLs were coded with a 2, 3 or 4 in self-performance AND required a one or more physical assist in support (support coded as 2 or 3)? Total Nursing and ADL Needs Score is 3 or more, the pe	in the unswer to unity of these questions is TES, then the person uppears medically engin	ore for the lever cure. Other wise continue.	
NF.2. a. In Section A, Nursing Services, items 1-8, how many were coded with a 2 or 3 (service needed 3-6 days/week)? b. In Section A, Item 11 A. 1 (PT,ST with Rehab), DT Therapies), was the total number of days of therapy 3 or 4 days/week? ON 0 1-Yes c. In Section B, items 1 a-1 eand 1g-1 (iexcluding 1f, monthly injections), didyou code any of the responses with a 2? ON 0 1-Yes d. In Section B, items 2a-2d, did you code any of the responses with a 2? ON 0 1-Yes Compute the nursing services score from 2a-2d and enter it here. Total NF.3. Impaired Cognition a. Is Section C1 (short term memory) coded with a 1? b. In Section C2 (short term memory) coded with a 1? b. In Section C3 (orded with a 2 or 3? d. Is Section C3 coded with a 1 OR (in Section E, is at least one shaded ADL coded with a 2, 3 or 4 in self-performance and a 2 or 3 in support AND C4B (from page 2A Supplemental Screening Tool) is 13 or more]? NF.4. Behavior Problems a. In Section D, are one or more of the behaviors from items a-d (wandering, verbally abusive, physically abusive, socially inapprropriate behavior) coded with a 2 or 3? b. Is Section D, are one or more of the behaviors from items a-d (wandering, verbally abusive, physically abusive, socially inapprropriate behavior) coded with a 2 or 3? b. Is Section D, are one or more of the behaviors from items a-d (wandering, verbally abusive, physically abusive, socially inapprropriate behavior) coded with a 2 or 3? Yes No If the answer to both questions is yes, then score this section with a"1." NF.5. Compute the total nursing score from questions 2, 3 and 4. If the total nursing score is 1 or more, proceed. Otherwise person appears not to be medically eligible for NF level of care. Please proceed to next page. NF.6. In Section E (Physical Functioning/Structural Problems), how many "shaded" ADLs were coded with a 2, 3 or 4 in self-performance AND required a one or more physical assist in support (support coded as 2 or 3)? Total Nursing and ADL Needs Score is 3 or more, the pe	PROFESSIONAL NURSING SERVICES.		
b. InSectionA, Items 11.Â.1 (PT,ST (with Rehab),OTTherapies), was the total number of days of the rapy 3 or 4 days/week? c. In Section B, Items 1a-1e and 1g-1] (excluding 1f, monthly injections), didyou code any of the responses with a 2? ONO 1-Yes O		2 or 2 (carvice peeded 2.6 days (week)?	Entornumbor
c. InSectionB, items 1a-1e and 1g-1j (excluding 1f, monthly injections), didyou code any of the responses with a 2? d. In Section B, items 2a-2d, did you code any of the responses with a 2? Compute the nursing services score from 2a-2d and enter it here. NF.3. Impaired Cognition a. Is Section C1 a (short term memory) coded with a 1? b. In Section C2 (memory recall) are 1 or 2 boxes checked in C2a-C2d or is C2e (None of the Above) checked (Personis a belte to recall no more than 2 tiems)? c. Is Section C3 coded with a 2 or 3? d. [Is Section C3 coded with a 2 or 3? d. [Is Section C4 Accoded with a 1] OR [in Section E, is at least one shaded ADL coded with a 2, 3 or 4 in self-performance and a 2 or 3 in support AND C4B (from page 2A Supplemental Screening Tool) is 13 or more]? NF.4. Behavior Problems a. In Section D, are one or more of the behaviors from items a-d (wandering, verbally abusive, physically abusive, socially inappropriate behavior) coded with a 2 or 3? b. [Is Section D2A coded with a 1] OR [in Section E, is at least one shaded ADL coded with a 2, 3 or 4 in self-performance and a 2 or 3 in support AND D2B (from page 2A Supplemental Screening Tool) is 14 or more]? If the answer to both questions is yes, then score this section with a "1." NF.5. Compute the total nursing score from questions 2, 3 and 4. If the total nursing score is 1 or more, proceed. Otherwise person appears not to be medically eligible for NF level of care. Please proceed to next page. NF.6. In Section E (Physical Functioning/Structural Problems), how many "shaded" ADLs were coded with a 2, 3 or 4 in self-performance AND required a one or more physical assist in support (support coded as 2 or 3)? NF.7. Total Nursing and ADL Needs Score (NF.5 + NF.6) If the Total Nursing and ADL Needs Score is 3 or more, the person appears to be medically eligible for NF level of care. Community programs for NF level of care include Elderly and Adults with Disabilities HCB, PDN Level IV for persons under 21 years old.	<u> </u>	• •	
d. In Section B, items 2a-2d, didyou code any of the responses with a 2? Compute the nursing services score from 2a-2d and enter it here. Total NF3. Impaired Cognition a. Is Section C1 (als (short term memory) coded with a 1? b. In Section C2 (memory recall) are 1 or 2 boxes checked in C2a-C2d or is C2e (None of the Above) checked (Person is able to recall no more than 2 items)? c. Is Section C3 coded with a 2 or 3? d. [Is Section C4A coded with a 1] OR [in Section E, is at least one shaded ADL coded with a 2, 3 or 4 in self-performance and a 2 or 3 in support AND C4B (from page 2A Supplemental Screening Tool) is 13 or more]? NF4. Behavior Problems a. In Section D, are one or more of the behavior's from items a-d (wandering, verbally abusive, physically abusive, socially in appropriate behavior) coded with a 2 or 3? b. [Is Section D2A coded with a 1] OR [in Section E, is at least one shaded ADL coded with a 2, 3 or 4 in self-performance and a 2 or 3 in support AND D2B (from page 2A Supplemental Screening Tool) is 14 or more]? Ves No If the answer to both questions is yes, then score this section with a *1." NF.5. Compute the total nursing score from questions 2, 3 and 4. If the total nursing score is 1 or more, proceed. Otherwise person appears not to be medically eligible for NF level of care. Please proceed to next page. NF.6. In Section E (Physical Functioning/Structural Problems), how many "shaded" ADLs were coded with a 2, 3 or 4 in self-performance AND required a one or more physical assist in support (support coded as 2 or 3)? NF.7. Total Nursing and ADL Needs Score is 3 or more, the person appears to be medically eligible for NF level of care. Community programs for NF level of care include Elderly and Adults with Disabilities HCB, PDN Level IV for persons under 21 years old.		, , , , , , , , , , , , , , , , , , , ,	
Compute the nursing services score from 2a-2d and enter it here. NF3. Impaired Cognition a. Is Section C1a (short term memory) coded with a 1? b. In Section C1a (short term memory) coded with a 1? c. In Section C2a (memory recall) are 1 or 2 boxes checked in C2a-C2d or is C2e (None of the Above) checked (Person is able to recall in omore than 2 items)? c. Is Section C3 coded with a 1] OR [in Section E, is at least one shaded ADL coded with a 2, 3 or 4 in self-performance and a 2 or 3 in support AND C4B (from page 2A Supplemental Screening Tool) is 13 or more]? Ves No If all the answers to the above questions are "yes," then score this section with a "1." NF4. Behavior Problems a. In Section D, are one or more of the behaviors from items a-d (wandering, verbally abusive, physically abusive, socially inappropriate behavior) coded with a 2 or 3? b. [Is Section D2A coded with a 1] OR [in Section E, is at least one shaded ADL coded with a 2, 3 or 4 in self-performance and a 2 or 3 in support AND D2B (from page 2A Supplemental Screening Tool) is 14 or more]? If the answer to both questions is yes, then score this section with a "1." NF.5. Compute the total nursing score from questions 2, 3 and 4. If the total nursing score is 1 or more, proceed. Otherwise person appears not to be medically eligible for NF level of care. Please proceed to next page. NF.6. In Section E (Physical Functioning/Structural Problems), how many "shaded" ADLs were coded with a 2, 3 or 4 in self- performance AND required a one or more physical assist in support (support coded as 2 or 3)? Total Nursing and ADL Needs Score (NF.5 + NF.6) If the Total Nursing and ADL Needs Score is 3 or more, the person appears to be medically eligible for NF level of care. Community programs for NF level of care include Elderly and Adults with Disabilities HCB, PDN Level V for persons under 21 years old.		reductiny of the responses with a 2.	
NF.3. Impaired Cognition a. Is Section C1a (short term memory) coded with a 1? b. In Section C2 (memory recall) are 1 or 2 boxes checked in C2a-C2d or is C2e (None of the Above) checked (Person is able to recall no more than 2 items)? c. Is Section C3 coded with a 1 or 2 items)? d. Is Section C3 coded with a 1 or [in Section E, is at least one shaded ADL coded with a 2, 3 or 4 in self-performance and a 2 or 3 in support AND C4B (from page 2A Supplemental Screening Tool) is 13 or more]? NF.4. Behavior Problems a. In Section D, are one or more of the behaviors from items a-d (wandering, verbally abusive, physically abusive, socially inappropriate behavior) coded with a 2 or 3? b. [Is Section D2A coded with a 1] OR [in Section E, is at least one shaded ADL coded with a 2, 3 or 4 in self-performance and a 2 or 3 in support AND D2B (from page 2A Supplemental Screening Tool) is 14 or more]? If the answer to both questions is yes, then score this section with a "1." NF.5. Compute the total nursing score from questions 2, 3 and 4. If the total nursing score is 1 or more, proceed. Otherwise person appears not to be medically eligible for NF level of care. Please proceed to next page. NF.6. In Section E (Physical Functioning/Structural Problems), how many "shaded" ADLs were coded with a 2, 3 or 4 in self-performance AND required a one or more physical assist in support (support coded as 2 or 3)? NF.7. Total Nursing and ADL Needs Score is 3 or more, the person appears to be medically eligible for NF level of care. Community programs for NF level of care include Elderly and Adults with Disabilities HCB, PDN Level IV for persons under 21 years old.			
a. Is Section C1a (shortterm memory) coded with a 1? b. In Section C2 (memory recall) are 1 or 2 boxes checked in C2a-C2d or is C2e (None of the Above) checked (Person is able to recall no more than 2 items)? c. Is Section C3 coded with a 2 or 3? d. [Is Section C4a coded with a 1] OR [in Section E, is at least one shaded ADL coded with a 2, 3 or 4 in self-performance and a 2 or 3 in support AND C48 (from page 2A Supplemental Screening Tool) is 13 or more)? No If all the answers to the above questions are "yes, "then score this section with a"1." NF4. Behavior Problems a. In Section D, are one or more of the behaviors from items a-d (wandering, verbally abusive, physically abusive, socially inappropriate behavior) coded with a 2 or 3? b. [Is Section D2A coded with a 1] OR [in Section E, is at least one shaded ADL coded with a 2, 3 or 4 in self-performance and a 2 or 3 in support AND D2B (from page 2A Supplemental Screening Tool) is 14 or more]? If the answer to both questions is yes, then score this section with a "1." NF.5. Compute the total nursing score from questions 2, 3 and 4. If the total nursing score is 1 or more, proceed. Otherwise person appears not to be medically eligible for NF level of care. Please proceed to next page. NF.6. In Section E (Physical Functioning/Structural Problems), how many "shaded" ADLs were coded with a 2, 3 or 4 in self- performance AND required a one or more physical assist in support (support coded as 2 or 3)? Total Nursing NF.7. Total Nursing and ADL Needs Score (NF.5 + NF.6) If the Total Nursing and ADL Needs Score (NF.5 + NF.6) If the Total Nursing and ADL Needs Score is 3 or more, the person appears to be medically eligible for NF level of care. Community programs for NF level of care include Elderly and Adults with Disabilities HCB, PDN Level IV for persons under 21 years old.	Compute the nursing services score from 2a-2a ana enter it here.		Total
a. In Section D, are one or more of the behaviors from items a-d (wandering, verbally abusive, physically abusive, socially inappropriate behavior) coded with a 2 or 3? b. [Is Section D2A coded with a 1] OR [in Section E, is at least one shaded ADL coded with a 2, 3 or 4 in self-performance and a 2 or 3 in support AND D2B (from page 2A Supplemental Screening Tool) is 14 or more]? If the answer to both questions is yes, then score this section with a "1." NF.5. Compute the total nursing score from questions 2, 3 and 4. If the total nursing score is 1 or more, proceed. Otherwise person appears not to be medically eligible for NF level of care. Please proceed to next page. NF.6. In Section E (Physical Functioning/Structural Problems), how many "shaded" ADLs were coded with a 2, 3 or 4 in self-performance AND required a one or more physical assist in support (support coded as 2 or 3)? NF.7. Total Nursing and ADL Needs Score (NF.5 + NF.6) If the Total Nursing and ADL Needs Score is 3 or more, the person appears to be medically eligible for NF level of care. Community programs for NF level of care include Elderly and Adults with Disabilities HCB, PDN Level IV for persons under 21 years old.	 a. Is Section C1a (short term memory) coded with a 1? b. In Section C2 (memory recall) are 1 or 2 boxes checked in C2a-C2d or is C2e (Person is able to recall no more than 2 items)? c. Is Section C3 coded with a 2 or 3? d. [Is Section C4A coded with a 1] OR [in Section E, is at least one shaded ADL c and a 2 or 3 in support AND C4B (from page 2A Supplemental Screening Tool) is 	oded with a 2, 3 or 4 in self-performance	Yes No Yes No
socially inappropriate behavior) coded with a 2 or 3? b. [Is Section D2A coded with a 1] OR [in Section E, is at least one shaded ADL coded with a 2, 3 or 4 in self-performance and a 2 or 3 in support AND D2B (from page 2A Supplemental Screening Tool) is 14 or more]? If the answer to both questions is yes, then score this section with a "1." NF.5. Compute the total nursing score from questions 2, 3 and 4. If the total nursing score is 1 or more, proceed. Otherwise person appears not to be medically eligible for NF level of care. Please proceed to next page. NF.6. In Section E (Physical Functioning/Structural Problems), how many "shaded" ADLs were coded with a 2, 3 or 4 in self-performance AND required a one or more physical assist in support (support coded as 2 or 3)? NF.7. Total Nursing and ADL Needs Score (NF.5 + NF.6) If the Total Nursing and ADL Needs Score is 3 or more, the person appears to be medically eligible for NF level of care. Community programs for NF level of care include Elderly and Adults with Disabilities HCB, PDN Level IV for persons under 21 years old.	NF.4. Behavior Problems		-
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appears not to be medically eligible for NF level of care. Please proceed to next page. NF.6. In Section E (Physical Functioning/Structural Problems), how many "shaded" ADLs were coded with a 2, 3 or 4 in self-performance AND required a one or more physical assist in support (support coded as 2 or 3)? NF.7. Total Nursing and ADL Needs Score (NF.5 + NF.6) If the Total Nursing and ADL Needs Score is 3 or more, the person appears to be medically eligible for NF level of care. Community programs for NF level of care include Elderly and Adults with Disabilities HCB, PDN Level IV for persons under 21 years old.	If the answer to both questions is yes, then score this section with a "1."		
performance AND required a one or more physical assist in support (support coded as 2 or 3)? Total ADL Needs NF.7. Total Nursing and ADL Needs Score (NF.5 + NF.6) If the Total Nursing and ADL Needs Score is 3 or more, the person appears to be medically eligible for NF level of care. Community programs for NF level of care include Elderly and Adults with Disabilities HCB, PDN Level IV for persons under 21 years old.	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	, ,,	Total Nursing
performance AND required a one or more physical assist in support (support coded as 2 or 3)? Total ADL Needs NF.7. Total Nursing and ADL Needs Score (NF.5 + NF.6) If the Total Nursing and ADL Needs Score is 3 or more, the person appears to be medically eligible for NF level of care. Community programs for NF level of care include Elderly and Adults with Disabilities HCB, PDN Level IV for persons under 21 years old.	NF.6. In Section E (Physical Functioning/Structural Problems), how many "shape	led" ADLs were coded with a 2-3 or 4 in self-	
If the Total Nursing and ADL Needs Score is 3 or more, the person appears to be medically eligible for NF level of care. Community programs for NF level of care include Elderly and Adults with Disabilities HCB, PDN Level IV for persons under 21 years old.			Total ADL Needs
programs for NF level of care include Elderly and Adults with Disabilities HCB, PDN Level IV for persons under 21 years old.	NF.7. Total Nursing and ADL Needs Score (NF.5 + NF.6)		
Otherwise, person appears not to be medically eligible. Proceed to next page.			
	Otherwise, person appears not to be medically eligible. Proceed to next page		

COMMUNITY OPTIONS CARE PLAN SUMMARY

Age	Agency Name: Applicant Name:														
Prov	Provider-Assessor# Social Security # Social Security #														
Assessment Date:															
					SECTI	ON S. SUPP	ORT SERVIC	ES							
1.	EXTENTOF	For instrume	ntal and persona	al activities of d			3. CAREG								
"	HELP		days, indicate	extent of help f	rom family, fr	iends,	STAT	US a.F			r receive		from far	nily or	
	(HOURS OF	and neighbor	s. ne across five we	aakdays		HOURS	(Check that ap	(10)		_	for client				a.
	CARE ROUNDED)		ne across two w	•	a. b.			D. /			nable to d decline ir				
2.			SON 1 and PERS		D.				_	er makes		b.			
	TWO KEY INFORMAL										r is unab de to pro				
	HELPERS	A. (Last/Fam	ly Name)	(First)					should	the need	d arisė <i>(e</i>	more,			
	(Information or two family	B. (Last/Fam	ly Namo)	(First)					other ca hire hel		not ava	ilable,	or no fu	nds to	c.
	members, friends, or		•	(First)	(/	A) (B)				•	r is not sa	atisfied	l with sup	port	
	neighbors mos relied on for	a. Lives with) 1 - YES such helper	Pers	1 Pers 2				d from fa n of clien	amily and	d friend	ds (e.g., o	other	d.
	help with ADLs or IADLs (or	h Dolationsk		- Such Helper							rexpress	es feel	inas of di	stress	-
	could be relied on, if no one	0 - Child o	r child-in-law	2 - Other Relat										for client	e.
	now helps with these activities	1 - Spouse		3 - Friend/Neig	hbor			f. 1	NONE C	OF ABOVE	Ξ				f.
					4. Person A						5. Perso	n B			
			A. Current # wkday hours	B.Current#	C. Will	D.Will	E. Extent of knowledge	A. Curren			C. Will		D.Will	E. Exte	
			Wikday nours		increase# wkdayhours	increase# wkend hour		wkuay not	JIS WKE		increase wkday ho		increase #wkend	0=1	full
Ent	er Number c	of Hours					1=partial 2=none						hours	1=pa 2=n	
a	Advice or en	notional suppo	rt				Z=IIOIIC								OTTC .
	ADL care														
	IADL care														
a.:	Supervision	only													
		_											•		
Refer to the coding sheet on previous page when filling out this care plan summary.															
	6. MEDICARE/3RD PARTY PAYORS:														
6. N	IEDICARE/3R	RD PARTY PAYO	RS:												
6. N	IEDICARE/3R		RS:	3	4	4. DURAT			5	f		7	,	8	
F	1 unding	2 Service	Reason Coo	3 de/Need Met	Sta	a art	4b End		5 Jnit	Avg # c	f Units	7 Rate	per	8 TOTAL C	
F	1	2	Reason Coo	3 de/Need Met ons for service)	Sta	a	4b				f Units		per		
F	1 unding	2 Service	Reason Coo		Sta	a art	4b End		Jnit	Avg # c	f Units	Rate	per	TOTALC	
F	1 unding	2 Service	Reason Coo		Sta	a art	4b End		Jnit	Avg # c	f Units	Rate	per	TOTALC	
F	1 unding	2 Service	Reason Coo		Sta	a art	4b End		Jnit	Avg # c	f Units	Rate	per	TOTALC	
F	1 unding	2 Service	Reason Coo		Sta	a art	4b End		Jnit	Avg # c	f Units	Rate	per	TOTALC	
F	1 unding	2 Service	Reason Coo		Sta	a art	4b End		Jnit	Avg # c	f Units	Rate	per	TOTALC	
F	1 unding	2 Service	Reason Coo		Sta	a art	4b End		Jnit	Avg # c	f Units	Rate	per	TOTALC	
F	1 unding	2 Service	Reason Coo		Sta	a art	4b End		Jnit	Avg # c	f Units	Rate	per	TOTALC	
F	1 unding	2 Service	Reason Coo		Sta	a art	4b End	C	Jnit ode	Avg # c	f Units	Rate Un	per	TOTALC	
F	1 unding Source	2 Service Category	Reason Coc (List all reason)		Sta	a art	4b End	C	Jnit ode	Avg # c	f Units lonth	Rate Un	per	TOTALC	
F	1 unding Source	2 Service Category	Reason Coo (List all reason)	ons for service)	Sta	a art	4b End Date	C	Jnit o d e	Avg # c	f Units lonth	Rate Un	per iit	TOTALC	
7. F	1 unding Source	2 Service Category	Reason Coo (List all reason)	ons for service)	Sti Da	a art tite 4. DURAT	4b End Date	C	Jnit ode MEDICA	Avg # c per M	of Units Jonath	Rate Un	per iit	TOTAL C per Mon	nth
7. A	1 unding Source	2 Service Category	Reason Coo (List all reason List all reason Coo Reason	ons for service)	Sti Da	a art tite 4. DURAT	4b End Date	C	Jnit o d e	Avg # c per M	ARTYTOT	Rate Un	per lit	TOTAL C	Cost
7. A	1 unding Source LLOTHERSO	2 Service Category DURCES/SERVIC	Reason Coo (List all reason List all reason Coo Reason	ons for service)	Sti Da	a art tite 4. DURAT a art	4b End Date	C	Jnit o de MEDICA	Avg # c per M	ARTYTOT	Rate Un	per lit	TOTAL C per Mon	Cost
7. A	1 unding Source LLOTHERSO	2 Service Category DURCES/SERVIC	Reason Coo (List all reason List all reason Coo Reason	ons for service)	Sti Da	a art tite 4. DURAT a art	4b End Date	C	Jnit o de MEDICA	Avg # c per M	ARTYTOT	Rate Un	per lit	TOTAL C per Mon	Cost
7. A	1 unding Source LLOTHERSO	2 Service Category DURCES/SERVIC	Reason Coo (List all reason List all reason Coo Reason	ons for service)	Sti Da	a art tite 4. DURAT a art	4b End Date	C	Jnit o de MEDICA	Avg # c per M	ARTYTOT	Rate Un	per lit	TOTAL C per Mon	Cost
7. A	1 unding Source LLOTHERSO	2 Service Category DURCES/SERVIC	Reason Coo (List all reason List all reason Coo Reason	ons for service)	Sti Da	a art tite 4. DURAT a art	4b End Date	C	Jnit o de MEDICA	Avg # c per M	ARTYTOT	Rate Un	per lit	TOTAL C per Mon	Cost
7. A	1 unding Source LLOTHERSO	2 Service Category DURCES/SERVIC	Reason Coo (List all reason List all reason Coo Reason	ons for service)	Sti Da	a art tite 4. DURAT a art	4b End Date	C	Jnit o de MEDICA	Avg # c per M	ARTYTOT	Rate Un	per lit	TOTAL C per Mon	Cost
7. A	1 unding Source LLOTHERSO	2 Service Category DURCES/SERVIC	Reason Coo (List all reason List all reason Coo Reason	ons for service)	Sti Da	a art tite 4. DURAT a art	4b End Date	C	Jnit o de MEDICA	Avg # c per M	ARTYTOT	Rate Un	per lit	TOTAL C per Mon	Cost
7. A	1 unding Source LLOTHERSO	2 Service Category DURCES/SERVIC	Reason Coo (List all reason List all reason Coo Reason	ons for service)	Sti Da	a art tite 4. DURAT a art	4b End Date	C	Jnit o de MEDICA	Avg # c per M	ARTYTOT	Rate Un	per lit	TOTAL C per Mon	Cost
7. A	1 unding Source LLOTHERSO	2 Service Category DURCES/SERVIC	Reason Coo (List all reason List all reason Coo Reason	ons for service)	Sti Da	a art tite 4. DURAT a art	4b End Date	C	Jnit o de MEDICA	Avg # c per M	ARTYTOT	Rate Un	per lit	TOTAL C per Mon	Cost
7. A	1 unding Source LLOTHERSO	2 Service Category DURCES/SERVIC	Reason Coo (List all reason List all reason Coo Reason	ons for service)	Sti Da	a art tite 4. DURAT a art	4b End Date	C.	MEDICA 5 Juit o de	Avg # c per M	ARTYTOI	Rate Un	per lit	TOTAL C per Mon	Cost
7. A	1 unding Source	Service Category DURCES/SERVIC 2 Service Category	Reason Coo (List all reason List all reason Coo Reason	and for service)	Sti Da	4. DURAT a art ite	4b End Date	OTHE	MEDICA Joint ode R FUNDIN	Avg # c per M	ARTYTOI of Units of Units lonth	Rate Un	per	TOTAL C per Mon	Cost

- mended service.
- 2. SERVICE CATEGORY: Enter the appropriate code to indicate the service category recommended to meet the need.
- 3. REASON CODES: Enter the reason code for recommended service/need being met.
- 5. UNIT CODE: Enter the unit of time which is used in calculating the cost of this service.
- 6. NUMBER OF UNITS: Enter the number of units needed per month to meet the person's needs.
- specific unit of service in this program as found in the appropriate MaineCare manual.
- 8. TOTAL COST: Calculate the total cost per month for this service.

						OUTCC	ME								Pa	ge 1 of 1	
Agency Name:							Applica	nt Name <u>:</u>									
Provider-Assess	or#						Social S	ecurity #									
Assessment Dat	:e:						MaineCa	are #	П						J		
	SECTION T.	ASSESSME	NTTY	PE/VERSI	ON							DICAL					
1. TYPE	1. Initial (or			on this asso for NF leve			consun	ner appe			ally 1 - Yes						
		_	Comple	ete regardl	ess of	consu	ımer ch	oice.	U	- NO	1 - 163						
2. VERSION	1. Original		Conversi		5. Reinstated	_		S	ECTI	ON V	.AWAI	TING P	LACEM	IENT			
2 4 5 5 5 5 6 5 6 5 6 6 6 6 6 6 6 6 6 6 6	2. Revision				6. Update	_	1. a. FOR:	0. NA 1	1. NF	2. Ma	ineCare	HCB - El	derly, Al	D 3. P	PDN		
3. ASSESSMENT COMMUNITY PROGRAM ELIGIBILITY	2.Commun	ity Program I that appl	n Eligibi	m 6B — <i>Ch</i> lity from s	neck only one. coring pages —		b. AT:	0. h 1. 2.	NF	4	3. Home 1. Out-o pecify)						
STED GRAIN SILITY		MNT	GRAIN SELECTION OF THE				c. Valid	eligibility:	from			to				□ _{0 - NA}	
1.AS REQU		1.AS	PRO ELGE						SECT	IONV	V.NF/H	OSP/H	HA DA	TES			
	ong Term Care	- 1			oay to NF MaineCare		1. Acute ca	are denial d	ate:							0 - NA	
	Adult Day Service DES Homemaker	es		-	mmunity MaineCare NF o MaineCare Update		2. First Nor	n-SNF Date	e:							 0 - NA	
4. N	MaineCare Day Healt			19. Adv. Medic	care to Private Pay NF		3. Last day	v private pa	v. –								
	Consumer Directed P Home Based Care			20. Continuing 21. Extraordina	Stay Review ary Circumstances to N	F	-		-								
	Phys. Dis. HCB			22. Katie B	eckett		4. Late not	ification dat	te		0 - No	1	- Yes				
	Elderly HCB Adult w/ Disability	нсв			/ - NF PDN dent Housing		5. Bed hold	d expired			0 - No	1	- Yes				
	PDN - Level I,II Adult Family Car			25. BI-Brain			6. Home H	ealth end d	date:						□ 0 - NA		
	Level V - Extend				are Home Health edication - Level V		o Will bo o	ntoring o NI			ON X.	NF FAC	ILITY				
	NF Assessment 20-day Medicare/Main	no Caro		28. PDN Ve	nipuncture Only - L	vl VII	a. Will be e b. Is current	ly in a NF	0-1	10				_			
	Medicare to MaineCar			29. Consum 30. Assisted	ner Directed HBC Living		c. NF Named. Eligibility					0 - NA 0 - NA					
				31. Resident	-		e. Reassessf. End date:			0 - NA							
4. CONSUMER CHOICE	R 1. Commun	nity Options	3. Ac	dvisory onl	y 5. NF		(30-day Mag. Admissio	ineCare only	y)					0 - NA			
(Choose one	*			choice				NF Classifi	cation								
5. ADVISORY PLAN	Program ref	errals given 0 - No	to consu		advisory		1450		SEC 1		Y. RES	IDENT	IAL CA	RE		<u> </u>	
I LAW	Program adv				F		a. Will be eb. Is current	ly in RC	10 10	0 - NA							
	1-Commu Advisory me			·Both nation is val	lid for		c. RC Named. Eligibility										
	☐30 days	□ 60	days	☐ 90 da		e. 90-day date:							0 - NA				
	Valid from:_		to)-NA			SEC	TION	Z. LA	TE SUB	MISSIC	DN			
6. OPTIONS	The consum following car						1a. Reason				1b. To:			- NA			
INIO	☐ 1-FPSO				3-OES Homemak	er		rovider not ch inancial pendi			a. OMS b. HCCA	c.					
	Or one of th	e following 4-Not In	terested	5-Unde			c. C	onsumer requ				•					
					SECTIONZ.		NITYBENE	EFITS									
FUNDING SOL	JRCE (from Care	e Plan)			PROVIDE	:R		ELIGI	BILITY	START	DATE	RE	ASSESS [DATE	V	VAITLIST	
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					DECIDEN	ITIAL CA											
					RESIDEN	NTIALCA	KEKEFEKI	KAL									
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FUNDING SOU	DCE		۸۵	CTION	REASON	10-DAY	DISCHAR	CEDATE	DISC	CHARC	ETO	Data		OTICE	JAII-S		
TONDINGSOO	KLASOI	IODAI	DISCHAIN	GLDAIL	Dis	CI IAIC	JE 10		of denia -day Da								
													60-day Notice:				
] Appea tate (ıl 0 - No	1 - Yes		
												Date:			1 103		
						SIGNATU	RE										
Assessment Date	As	ssessor Signati	ure				Signature Date										
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		Ol	AS appro	oved begir	ı date		to					_					

COMMUNITY OPTIONS CODING SHEET FOR CARE PLAN SUMMARY/OUTCOME

1. FUNDING SOURCE

Enter the payment code for the funding source which will pay for the recommended service.

Program ID--Program Name

- 1 MaineCare Home Health
- 30 PDN Level I
- 2 PDN Level II
- 31 PDN Level III
- 36 PDN Level VIII
- 3 PDN Level V (Extended)
- 4 PDN Level IV (NF Kids)
- 39 PDN Level IX (ALFs)
- 5 Elderly HCB
- 6 Adults with Disabilities HCB
- 7 Physically Disabled HCB
- 12 Adult Day Services
- 11 MaineCare Day Health -1
- 32 MaineCare Day Health -2
- 33 MaineCare Day Health -3
- 10 Consumer Directed PA -1
- 34 Consumer Directed PA -2
- 35 Consumer Directed PA -3
- 14 Home Based Care -1
- 26 Home Based Care -2
- 27 Home Based Care -3
- 28 Home Based Care -4
- 40 Home Based Care 5 (ALFs)
- 29 Consumer Directed HBC
- 13 OES Homemaker
- 8 Independent Housing
- 9 Katie Beckett
- 15 Title III
- 17 Adult Family Care Home
- 16 Assisted Living
- 20 Other

For the Medicare/3rd Party Payor Block, use the following codes:

- 21 Medicare
- 22 3rd Party Payors (Anthem, Champus, VA, LTC Insurance)
- 23 Community MaineCare
- 24 Consumer's Funds
- 25 Nursing Facility
- 41 Residential Care (PNMI)
- 37 Medicare Hospice
- 38 MaineCare Hospice

3. DURATION

Enter the Start and End Dates for the proposed service.

4. UNIT CODE

Enter the unit of time which is used in calculating the cost of this service, using the following list.

11= Installation 1= 15 minutes 6= Week 2= 1/2 hour 7= Month 12= Lifetime 3= hour 8= Visit 13= PRN Hour 4= day 9= Mile 14= PRN Visit 10= Per trip 15= Annual 5= night

5. NUMBER OF UNITS

Enter the number of units needed per month to meet the person's needs.

2. SERVICE CATEGORY

Enter the appropriate code from the following list to indicate the service category recommended to meet the need.

- 1- Administrative care management
- 2- Face-to-face care management
- 3- Adult day care
- 4- Personal care assistant (hour)
- 5- Personal care assistant (live-in)
- 6- Personal care assistant (night)
- 7- Homemaker
- 8- RN-visit
- 9- RN-hour
- 10- LPN-visit
- 11- LPN-hour
- 12- Home health aide-visit
- 13- Home health aide-hour
- 14- Certified nurse's aide-visit
- 15- Certified nurse's aide-hour
- 16- Physical therapy–visit
- 17- Physical therapy-hour
- 18- Occupational therapy-visit
- 19- Occupational therapy-hour
- 20- Speech therapy-visit
- 21- Speech therapy-hour
- 22- Emergency response
- 23- Emergency response installation
- 24- Psychiatric RN-visit
- 25- Master's social work-visit
- 26- Master's social work-hour
- 27- Social services
- 28- Transportation
- 29- Adult family care home Level 1
- 30- Adult family care home Level 2
- 31- Adult family care home Level 3
- 32- Family
- 33- Friend
- 34- Residential care
- 35- Independent living assessment
- 36- Certified occupational therapy aide
- 37- Certified physical therapy aide
- 38- Meals on Wheels
- 39- Comprehensive care management
- 40- Environmental mods
- 41- Licensed speech therapy assistant
- 42- Psychiatric medication services
- 43- Health assessment
- 44- Institutional respite-NF
- 45- Institutional respite-residential care
- 46- Personal care assistant (visit)
- 47- Independent RN
- 48- Family Provider
- 49- RN Multiple
- 50- LPN Multiple
- 51- Care Management-PDN 52- Care Management-CDAS
- 53- Independent PT
- 54- Independent OT
- 55-Independent Speech
- 56- Personal care assistant (hour)(PDW)

Enter the current rate for this service based on the maximum allowable MaineCare rate for that specific unit of service as found in the appropriate MaineCare manual.

7. TOTAL COST

Calculate the total cost per month for this service.

COMMUNITY OPTIONS CODING SHEET FOR CARE PLAN SUMMARY/OUTCOME

REASON CODES

Enter the reason code for recommended service/need being met using the following list of codes.

- Information/consultation
- 2 Develop, coordinate, monitor plan of care
- 3 Needs evaluation/skills training/consumer instruction
- 4 Medical assessment/education/teaching
- 5 Nursing treatments/dressing change/monitoring
- 6 Medication prep/administration
- 7 Early loss ADLs/bathing and dressing
- 8 Late ADLs/eat/toilet/transfer/locomotion/bed mobility
- 9 Shampoo/routine skin care/wash feet/back/nail care
- 10 Daily IADLS/main meal prep/daily chores/phone use
- 11 Other IADLs/laundry/housework/grocery shop/manage finances
- 12 Physical Therapy consultation/evaluation
- 13 Physical Therapy treatment program/ROM maintenance of function
- 14 Occupational Therapy consultation/evaluation
- 15 Occupational Therapy skill training/maintenance of ADLs/IADLs
- 16 Speech therapy consultation/evaluation
- 17 Speech therapy treatment program
- 18 Mental Health evaluation/consultation
- 19 Mental Health treatment program
- 20 Socialization, activities, stimulation
- 21 (24 hr) supervision at home or in structured setting
- 22 Access to emergency help
- 23 Supervision
- 24 Outreach support to access community resources
- 25 Crisis surveillance
- 26 Monitoring/supervision daytime only
- 27 Monitoring/supervision/nighttime only
- 28 Accompany to careplan activities
- 29 Environmental Modification
- 30 Monitor,administer,and/or prefill of psychiatric medicines
- 31 Venipuncture
- 32 Early loss ADLs/bathing
- 33 Early loss ADLs/dressing
- 34 Late loss ADL/transfer
- 35 Late ADLs/eating
- 36 Late ADLs/toilet

- 37 Late ADLs/bed mobility
- 38 Late ADLs/locomotion
- 39 Daily IADLS/light meal/main meal
- 40 Daily IADLS light housekeeping/dusting/washing dishes/making bed
- 41 Other IADLS/laundry
- 42 Other IADLS/grocery shopping
- 43 Other IADLs/grocery shopping/laundry
- 44 Other IADLs/house work
- 45 Transportation to medical care appointments
- 46 Transportation for non-medical careplan needs
- 47 Nursing education/teaching
- 48 Nursing-assess wound, provide wound care
- 49 Nursing-assessment sign/symptoms infection
- 50 Nursing-skilled observation, intervention cardiopulmonary
- 51 Nursing-observation-mobility,gait,balance,endurance
- 52 Nursing-skilled observation, intervention genitourinary
- 53 Nursing-assess, maintain or improve skin integrity
- 54 Nursing-Assess,intensity level,frequency,location and manage pain
- 55 Nursing-skilled observation, intervention gastrointestinal system
- 56 Nursing-assessment emotional-social status
- 57 Nursing-Assess, evaluate disease process
- 58 Teach disease process and compliance
- 59 Assess and monitor medication compliance, side effects
- 60 Social worker-assess coping skills/therapy for stressors
- 61 Social worker-Counseling for long term planning/decision making
- 62 Social worker- Counseling for adjustment to functional limitations
- 63 Caregiver relief
- 64 Managing finances
- 65 Health Maintenance-Ventilator
- 66 Health Maintenance-Tracheostomy
- 67 Health Maintenance-Suctioning
- 68 Health Maintenance-Catheter/Ostomy
- 69 Health Maintenance-Feeding tube
- 70 Health Maintenance-Treatment/dressing/wound care
- 71 Health Maintenance-Care of Skin
- 72 Health Maintenance-Bowel Regime
- 73 Health Maintenance-General
- 74 Nursing-assess and provide respiratory care

OUTCOME PAGE

DENIAL CODES

ACTION CODES:

(choose one):

- 1 Reduction in service
- Program denied (based on eligibility criteria)
- 3 Program terminated (based on circumstances, choice)
- 4 Program change
- 5 Other
- 6 Service Category Change
- 7 Program Suspended

- REASON:
- 1 Not medically eligible
- 2 Not financially eligible
- 3 Change in level of care
- 4 Consumer refused service
- 5 Consumer refused copay
- 6 Institutionalized
- 7 Moved out of state
- 8 Other community service/funding source
- 9 Maximum cost cap reached
- 10 No willing provider
- 11 Service no longer available
- 12 Death

- 13 Other
- 14 Non-payment of co-pay
- 15 Non-compliance with POC
- 16 Change in type of care provider
- 17 Change number/freq. of service
- 18 Consumer requested change
- 19 Significant change-health/welfare risk
- 20 Change in policy
- 21 Maximum service limits reached
- 22 Emergency Response System discontinued
- 23 Consumer no longer self-directing services
- 24 Alleged fraudulent activity